



9-2-05

2642

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

FEUER, Donald S.

Serial No.: 09/479,736

Filed: 01/07/2000

METHOD AND APPARATUS FOR
INTERFACING A PUBLIC SWITCHED
TELEPHONE NETWORK AND AN
INTERNET PROTOCOL NETWORK FOR
MULTI-MEDIA COMMUNICATION

Docket No.: 36087 (CEN2-BH43)

Confirmation No. :

Group Art Unit No.: 2662

Customer No.: 23589

Examiner: PEZZLO, John

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OFFICE OF PETITIONS

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

Transmitted herewith are: Transmittal (1 page); Request for Reconsideration (2 pages); Showing of Delay to Accompany Request for Reconsideration (5 pages); **Revocation of Power of Attorney** (2 pages); Exhibit A (98 pages); Exhibit B (11 pages); Exhibit C (41 pages); Exhibit D (4 pages); Exhibit E (11 pages); and return postcard.

EV 722668144 US

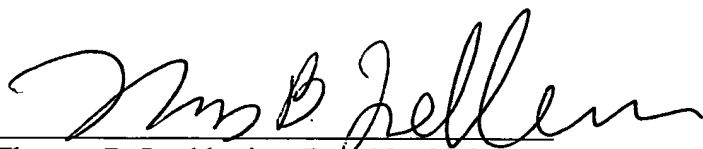
Express Mail No.

Respectfully submitted,

HOVEY WILLIAMS LLP

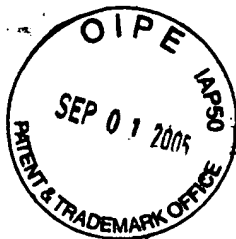
Dated: September 1, 2005

by


Thomas B. Luebbering, Reg. No. 37,874
HOVEY WILLIAMS LLP
2405 Grand Boulevard, Suite 400
Kansas City, Missouri 64108
816/474-9050

ATTORNEYS FOR APPLICANT

BEST AVAILABLE COPY



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

FEUER, Donald S.

Serial No.: 09/479,736

Filed: January 7, 2000

METHOD AND APPARATUS FOR
INTERFACING A PUBLIC SWITCHED
TELEPHONE NETWORK AND AN
INTERNET PROTOCOL NETWORK FOR
MULTI-MEDIA COMMUNICATION

Docket No. CEN2-BH43 #22

Group Art Unit No.: 2662

Examiner: PEZZLO, John

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Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR RECONSIDERATION

Petitioner respectfully requests reconsideration of a previously filed April 1, 2005, petition to revive an unavoidably abandoned application. The petition was dismissed by USPTO Attorney John Gillon in a decision dated August 12, 2005 for failing to satisfy the showing requirement for the entire period of abandonment. However, all other elements required to revive the above-referenced application as previously submitted were satisfactory.

Petitioner includes herewith additional evidence, attached hereto in a Showing of Delay and Exhibits A through E, to satisfy the showing requirement for unavoidable delay and revive the above-referenced application as provided in 37 C.F.R. 1.137(a) and (e). Further, this Request is timely as it is filed within two months of the August 12, 2005, dismissal. Thus, Petitioner respectfully requests that the above-identified application be revived, examined, and issued.

Should any questions remain, please do not hesitate to contact the undersigned at 1-800-445-3460. No fee is due in connection with this Request as the petition fee was previously paid by the Petitioner. However, any fees which may be due in connection with this Request should be applied against our Deposit Account No. 19-0522.

Request for Reconsideration
Application No: 09/479,736
August 31, 2005

Respectfully submitted,

HOVEY WILLIAMS LLP

By: 

Thomas B. Luebbering
2405 Grand Boulevard, Suite 400
Kansas City, Missouri 64108
(816) 474 - 9050

ATTORNEYS FOR PETITIONER



THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

FEUER, Donald S.

Serial No.: 09/479,736

Filed: January 7, 2000

METHOD AND APPARATUS FOR
INTERFACING A PUBLIC SWITCHED
TELEPHONE NETWORK AND AN
INTERNET PROTOCOL NETWORK FOR
MULTI-MEDIA COMMUNICATION

Docket No. CEN2-BH43

Group Art Unit No.: 2662

Examiner: PEZZLO, John

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OFFICE OF PETITIONS

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SHOWING OF DELAY TO ACCOMPANY REQUEST FOR RECONSIDERATION

The following showing of unavoidable delay accompanies a Request for Reconsideration. Exhibits A through E are also included herewith as evidence. This showing is signed below by the Petitioner, Mr. Donald S. Feuer, as presenter of the following facts.

1. Petitioner's unavoidable delay in prosecuting the application from the date of abandonment, May 12, 2003, to July 2004, was the result of prolonged, serious, and debilitating illness. Specifically, Petitioner suffered from a severe form of Crohn's disease, which prevented Petitioner from engaging in any form of mental or physical activity, such as employment, leisure activity, or providing information and documents to his agents or attorneys regarding the above-referenced application.

(A) Exhibit A evidences Petitioner's multiple hospitalizations and other medical treatments in 2002 for Crohn's disease. Specifically, Exhibit A includes hospital bills and insurance documents evidencing the serious and extensive treatment Petitioner received in June, July, August, September,

Showing of Delay to Accompany Request for Reconsideration
Application No. 09/479,736
August 31, 2005

and October of 2002 as a result of Crohn's disease.

(B) Exhibit B evidences Petitioner's continued treatment for Crone's disease from early 2003 to June 2003.

(I) Exhibit B includes hospital bills and insurance documents evidencing treatment on February 17, 2003, February 27, 2003, March 20, 2003, April 18, 2003, and May 29, 2003.

(ii) Additionally, from July 2002 through May 2003, Petitioner was in constant pain and discomfort as a result of Crohn's disease and associated treatments and medications, thereby further preventing Petitioner from working with his counsel to respond to the February 12, 2003, Office Action or otherwise engage in extended physical or mental activities.

(iii) Exhibit B demonstrates that at the time of abandonment of the above-referenced application, Petitioner was unable to furnish a reply to the outstanding Office Action due to serious physical illness.

(C) Exhibit C evidences Petitioner's continued treatment and multiple hospitalizations for Crohn's disease from September 2003 through December 2003.

(I) It should be appreciated that from the May 29, 2003, treatment evidenced in Exhibit B and the September 2003 treatment evidenced in Exhibit C, that Petitioner was in constant pain and discomfort as a result of Crohn's disease and associated treatments and medication and therefore was unable to respond to the outstanding Office Action or otherwise engage in demanding or extended mental or physical activities such as employment.

Showing of Delay to Accompany Request for Reconsideration
Application No. 09/479,736
August 31, 2005

(ii) Exhibit C evidences home healthcare provided throughout September and October 2003, a September 2003 hospitalization, an October 2003 emergency room visit, and an extended November 2003 hospitalization for Crohn's disease.

(iii) Exhibits B and C evidence that from the time of abandonment of the above-referenced application until late December 2003, Petitioner was unable to furnish a reply to the outstanding Office Action due to serious physical illness.

(D) Exhibit D evidences Petitioner's continued treatment for Crohn's disease from January 2004 through April 2004.

(I) Exhibit D evidences a January 2004 emergency room visit and related April 17, 2004, treatment for Crohn's disease.

(ii) It should be appreciated that from January 2004 through May 2004 Petitioner was in constant pain and discomfort as a result of the evidenced treatments and associated medications. Thus, the extensive and serious medical treatments from 2002 through April 2004 prevented Petitioner from engaging in any demanding or extended mental or physical activities from January 2004 through May 2004.

(iii) Exhibits B, C, and D evidence that from the time of abandonment of the above-referenced application until May 2004, Petitioner was unable to furnish a reply to the outstanding Office Action due to serious physical illness.

2. Petitioner's unavoidable delay from the period beginning May 2004 to the filing date of the previously-filed petition to revive was the result of the inability to locate an agent or attorney to revive and prosecute the application.

(I) Petitioner's inability to locate and agent or attorney to prosecute the above-referenced application was in large part due to Petitioner's prolonged and serious illness, evidenced by Exhibits A through D. Specifically, in the period from abandonment of the above-referenced application to Petitioner's sufficient recovery from Crohn's disease, various attorneys and firms known the Petitioner became involved with other clients in the same technology, thereby preventing these known firms and attorneys from representing Petitioner.

(ii) Exhibit E evidences Petitioner's bona-fide and repeated attempts to secure counsel to revive his abandoned application from before July 2004 through January 2005. Specifically, Exhibit E includes a July 13, 2004, non-engagement letter, an October 2004 email seeking an attorney referral, a November 2004 non-engagement email, a December 2004 non-engagement email, and a January 2005, non-engagement letter. During this period Petitioner contacted other attorneys and firms, not evidenced in Exhibit E, who were unable to provide representation due to conflicts.


(iii) Petitioner met with his present counsel in late February 2005, who diligently and timely prepared the previously-filed petition and other related documents.

(iv) Exhibits B, C, D, and E evidence that the entire period of abandonment of the above-reference application was the result of serious physical illness and associated inability to locate an attorney or agent to prosecute the application.

3. Petitioner further declares that all statements made herein of his own knowledge are true and all statements made on information and belief are believed to be true.

Showing of Delay to Accompany Request for Reconsideration
Application No. 09/479,736
August 31, 2005

Dated: 8/31/05


Donald S. Feuer

STATEMENT

MAKE CHECK PAYABLE TO

MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

OFFICE HOURS: MON. THRU FRI. 10:00 AM TO 3:00 PM
PHONE #: 949 843-3346

13669783
DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

IF PAYING BY MASTERCARD
FILL OUT BELOW

| | | | |
|------------------------------------|---------|-----------------|--|
| CHECK CARD USING FOR PAYMENT | | MASTERCARD | |
| CARD NUMBER | | EXP. DATE | |
| SIGNATURE | | EXP. DATE | |
| 11/14/02 | ACCOUNT | 1594.48 | |
| STATEMENT DATE | | PAY THIS AMOUNT | |

EXHIBIT

A

13669783
MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

☐ Please check box if above address is incorrect or insurance
information has changed and indicate change(s) on reverse side.

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK
PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

| STATEMENT DATE | ACCOUNT NUMBER | DIAGNOSIS CODE | PATIENT |
|----------------|----------------|----------------|--------------|
| 11/14/02 | 13669783 | 794.8 | DONALD FEUER |

| DATE | CPT | DESCRIPTION | AMOUNT |
|----------|-------|----------------------|----------|
| 08/06/02 | 88307 | SURG PATH:LEVEL V | 190.00 |
| 08/06/02 | 88313 | SPECIAL STAIN GRP II | 40.00 |
| 10/07/02 | 849 | PPD PAYMENT | 77.82- |
| 10/07/02 | 841 | PPD DISALLOW | 132.72- |
| 08/10/02 | 88305 | SURG PATH:LEVEL IV | 1,050.00 |
| 08/26/02 | 88305 | SURG PATH:LEVEL IV | 525.00 |

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| PLEASE GIVE YOUR SERIOUS CONSIDERATION TO THIS PAST DUE ACCOUNT BY SENDING YOUR PAYMENT IN FULL BY RETURN MAIL. THANK YOU. | | | AMOUNT DUE |
| | | | 1594.48 |

SERVICES RENDERED BY: MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

PRIMARY INS: HEALTHNET OPTIONS
SECONDARY INS:

PHONE #: 949 843-3346
TAX ID: 95-2648499
REFERRING PHYSICIAN: KO, ANDREW 92681

STATEMENT

MAKE CHECK PAYABLE TO

MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

IF PAYING BY MASTERCARD OR VISA
FILL OUT BELOW

| | | | |
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| CHECK CARD USING FOR PAYMENT | | <input type="checkbox"/> MASTERCARD | <input type="checkbox"/> VISA |
| CARD NUMBER | | AMOUNT | |
| SIGNATURE | | EXP. DATE | |
| 11/14/02 | | 1594.48 | |
| STATEMENT DATE | | PAY THIS AMOUNT | |

949

3:00 PM

4582

3-DIGIT 926

13689783
DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

13689783
MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

☐ Please check box if above address is incorrect or insurance
information has changed and indicate change(s) on reverse side.

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK
PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

| STATEMENT DATE | ACCOUNT NUMBER | DIAGNOSIS CODE | PATIENT |
|----------------|----------------|----------------|--------------|
| 11/14/02 | 13689783 | 794.8 | DONALD FEUER |

| DATE | CPT | DESCRIPTION | AMOUNT |
|----------|-------|----------------------|----------|
| 08/08/02 | 88307 | SURG PATH:LEVEL V | 180.00 |
| 08/08/02 | 88313 | SPECIAL STAIN GRP 11 | 40.00 |
| 10/07/02 | 848 | PPO PAYMENT | 77.82 |
| 10/07/02 | 841 | PPO DISALLOW | 132.72 |
| 08/10/02 | 88305 | SURG PATH:LEVEL IV | 1,050.00 |
| 08/26/02 | 88305 | SURG PATH:LEVEL IV | 525.00 |

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| PLEASE GIVE YOUR SERIOUS CONSIDERATION TO THIS PAST DUE ACCOUNT BY SENDING YOUR PAYMENT IN FULL BY RETURN MAIL. THANK YOU. | | | AMOUNT DUE |
| | | | 1594.48 |

SERVICES RENDERED BY: MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

PRIMARY INS: HEALTHNET OPTIONS
SECONDARY INS:

PHONE #: 949 643-3346
TAX ID: 85-2648499
REFERRING PHYSICIAN: KO, ANDREW 92691

STATEMENT

IF PAYING BY MASTERCARD OR VISA
FILL OUT BELOW

MAKE CHECK PAYABLE TO

MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

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| CHECK CARD USING FOR PAYMENT | | <input type="checkbox"/> MASTERCARD | <input type="checkbox"/> VISA |
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| SIGNATURE | | EXP. DATE | |
| 1/09/03 | | 1494.48 | |
| STATEMENT DATE | ACCOUNT NUMBER | PAY THIS AMOUNT | |

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13689783
DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

13689783
MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

☐ Please check box if above address is incorrect or insurance
information has changed and indicate change(s) on reverse side.

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK.
PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

| STATEMENT DATE | ACCOUNT NUMBER | DIAGNOSIS CODE | PATIENT |
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| 1/09/03 | 13689783 | 784.8 | DONALD FEUER |

| DATE | CPT | DESCRIPTION | AMOUNT |
|----------|-------|----------------------|----------|
| 08/08/02 | 88307 | SURG PATH:LEVEL V | 190.00 |
| 08/08/02 | 88313 | SPECIAL STAIN GRP II | 40.00 |
| 10/07/02 | 849 | PPO PAYMENT | 77.82- |
| 10/07/02 | 841 | PPO DISALLOW | 132.72- |
| 08/10/02 | 88305 | SURG PATH:LEVEL IV | 1,050.00 |
| 12/19/02 | 109 | PATIENT PAYMT | 100.00- |
| 08/26/02 | 88305 | SURG PATH:LEVEL IV | 525.00 |

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| YOUR ACCOUNT HAS BEEN OUTSTANDING FOR 30 DAYS. IF INSURANCE WAS BILLED, PLEASE CONTACT YOUR CARRIER REGARDING PAYMENT OR REMIT YOUR PAYMENT BY RETURN MAIL. | | | AMOUNT DUE |
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SERVICES RENDERED BY: MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

PRIMARY INS: HEALTHNET OPTIONS
SECONDARY INS:

PHONE #: 949 843-3346
TAX ID: 95-2848498

REFERRING PHYSICIAN: KO, ANDREW 92691

STATEMENT

IF PAYING BY MASTERCARD OR VISA.
FILL OUT BELOW

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| CHECK CARD USING FOR PAYMENT | | <input type="checkbox"/> MASTERCARD | <input type="checkbox"/> VISA |
| CARD NUMBER | | AMOUNT | |
| SIGNATURE | | EXP. DATE | |
| 12/12/02 | | 1594.48 | |
| STATEMENT DATE | | PAY THIS AMOUNT | |



MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

OFFICE HOURS: MON. THRU FRI. 10:00 AM TO 3:00 PM
PHONE #: 949-843-3348

0000031105 ****AUTO** 3-DIGIT 926
13669783
DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

13669783
MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

☐ Please check box if above address is incorrect or insurance
information has changed and indicate change(s) on reverse side.

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK.
PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

| STATEMENT DATE | ACCOUNT NUMBER | DIAGNOSIS CODE | PATIENT |
|----------------|----------------|----------------|--------------|
| 12/12/02 | 13669783 | 794.8 | DONALD FEUER |

| DATE | CPT | DESCRIPTION | AMOUNT |
|----------|-------|----------------------|----------|
| 08/06/02 | 88307 | SURG PATH:LEVEL V | 190.00 |
| 08/06/02 | 88313 | SPECIAL STAIN GRP II | 40.00 |
| 10/07/02 | 849 | PPO PAYMENT | 77.82- |
| 10/07/02 | 841 | PPO DISALLOW | 132.72- |
| 08/10/02 | 88305 | SURG PATH:LEVEL IV | 1,050.00 |
| 08/26/02 | 88305 | SURG PATH:LEVEL IV | 525.00 |

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| Your Insurance has not responded to our requests for payment. Please contact them regarding payment. Thank You. | | | AMOUNT DUE |
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SERVICES RENDERED BY: MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620


PRIMARY INS: HEALTHNET OPTIONS
SECONDARY INS:

PHONE #: 949-843-3348
TAX ID: 95-2848499
REFERRING PHYSICIAN: KO, ANDREW 92691

MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

Phone Number: 949 643-3346

Office Hours: 10:00 A.M. - 3:00 P.M., Mon. - Fri.

| IF PAYING BY CREDIT CARD, FILL OUT BELOW | | |
|---|---|-----------------------------|
| <input type="checkbox"/> |  | <input type="checkbox"/> |
| CARD NUMBER | | EXP. DATE |
| SIGNATURE | | |
| STATEMENT DATE 7/03/03 | AMOUNT DUE \$19.46 | ACCOUNT NUMBER |
| PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK | | SHOW AMOUNT PAID HERE \$ |

FORWARDING SERVICE REQUESTED

DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE CA 92673-2737

MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

☐ Please check box if address is incorrect or insurance information
has changed and indicate change(s) on reverse side.

Please detach and return this portion with payment.

PATIENT NAME: DONALD FEUER

FEDERAL TAX ID: 95-2648499

| DATE | PROCEDURE | DESCRIPTION | AMOUNT |
|----------|-----------|----------------------|---------|
| 08/06/02 | 88307 | SURG PATH:LEVEL V | 190.00 |
| 08/06/02 | 88313 | SPECIAL STAIN GRP II | 40.00 |
| 10/07/02 | 849 | PPO PAYMENT | -77.82 |
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PLEASE SEE REVERSE SIDE FOR EXPLANATION OF THIS BILL

SE HABLA ESPANOL

MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

Phone Number: 949 643-3346

Office Hours: 10:00 A.M. - 3:00 P.M., Mon. - Fri.

| | | |
|--|-------------------------------------|--------------------------|
| IF PAYING BY CREDIT CARD, FILL OUT BELOW | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| CARD NUMBER | | EXP. DATE |
| SIGNATURE | | |
| STATEMENT DATE | AMOUNT DUE | ACCOUNT NUMBER |
| 6/05/03 | \$19.46 | |
| PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK | | SHOW AMOUNT PAID HERE \$ |

FORWARDING SERVICE REQUESTED

DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE CA 92673-2737

MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

☐ Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.

Please detach and return this portion with payment.

PATIENT NAME: DONALD FEUER

FEDERAL TAX ID: 95-2648499

| DATE | PROCEDURE | DESCRIPTION | AMOUNT | | |
|---|-----------|---|------------|-----------|---------|
| 07/06/02 | 88307 | SURG PATH: LEVEL V | 190.00 | | |
| 08/06 | 88313 | SPECIAL STAIN GRP II | 40.00 | | |
| 10/07/02 | 849 | PPO PAYMENT | -77.82 | | |
| 10/07/02 | 841 | PPO DISALLOW | -132.72 | | |
| <p>6/22/03 - Received payment for this acct. 19.46 IS THE FINAL Pmt. RECEIVED Wait for INS to pay</p> | | | | | |
| REFERRING PHYSICIAN | | SERVICE LOCATION | ACCOUNT ID | STMT DATE | BALANCE |
| KARDAN, FARAMARZ M | | MISSION COMM HOSP-I/P | | 6/05/03 | \$19.46 |
| ATTENDING PHYSICIAN | | MESSAGES | | | |
| EKUAN, JUSTIN MD | | YOUR ACCOUNT HAS BEEN OUTSTANDING FOR 30 DAYS. IF INSURANCE WAS BILLED, PLEASE CONTACT YOUR CARRIER REGARDING PAYMENT OR REMIT YOUR PAYMENT BY RETURN MAIL. | | | |
| PRIMARY INSURANCE | | | | | |
| HEALTHNET OPTIONS | | MAKE CHECK PAYABLE TO: MISSION PATHOLOGY MED ASSOC | | | |
| SECONDARY INSURANCE | | P.O. BOX 7620 LAGUNA NIGUEL, CA 92607-7620 | | | |
| | | PHONE: 949 643-3346 | | | |



PLEASE SEE REVERSE SIDE FOR EXPLANATION OF THIS BILL

SE HABLA ESPAÑOL

MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

Phone Number: 949 643-3346

Office Hours: 10:00 A.M. - 3:00 P.M., Mon. - Fri.

| | | |
|--|--|--------------------------|
| IF PAYING BY CREDIT CARD, FILL OUT BELOW. | | |
| <input type="checkbox"/>  | <input type="checkbox"/>  | |
| CARD NUMBER | | EXP. DATE |
| SIGNATURE | | |
| STATEMENT DATE | AMOUNT DUE | ACCOUNT NUMBER |
| 5/08/03 | \$19.46 | |
| PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK | | SHOW AMOUNT PAID HERE \$ |

FORWARDING SERVICE REQUESTED

DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE CA 92673-2737

(MISSION PATHOLOGY MED ASSOC)
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

☐ Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.

Please detach and return this portion with payment.

PATIENT NAME: DONALD FEUER

FEDERAL TAX ID: 95-2648499

| DATE | PROCEDURE | DESCRIPTION | AMOUNT | | |
|--|-----------|---|------------|-----------|---------|
| 08/06/02 | 88307 | SURG PATH LEVEL V | 190.00 | | |
| 08/06/02 | 88313 | SPECIAL STAIN GRP II | 40.00 | | |
| 10/07/02 | 849 | PPO PAYMENT | -77.82 | | |
| 10/07/02 | 841 | PPO DISALLOW | -132.72 | | |
| <p><i>has made an appeal & is waiting to hear from ins. will not go to collections. Do not send anything yet ins. has not paid for 8/10 & 8/26/02.</i></p> | | | | | |
| REFERRING PHYSICIAN | | SERVICE LOCATION | ACCOUNT ID | STMT DATE | BALANCE |
| KARDAN, FARAMARZ M | | MISSION COMM HOSP-VP | | 5/08/03 | \$19.46 |
| ATTENDING PHYSICIAN | | MESSAGES | | | |
| EKUAN, JUSTIN MD | | YOUR ACCOUNT HAS BEEN OUTSTANDING FOR 30 DAYS. IF INSURANCE WAS BILLED, PLEASE CONTACT YOUR CARRIER REGARDING PAYMENT OR REMIT YOUR PAYMENT BY RETURN MAIL. | | | |
| PRIMARY INSURANCE | | | | | |
| HEALTHNET OPTIONS | | MAKE CHECK PAYABLE TO: MISSION PATHOLOGY MED ASSOC P.O. BOX 7620 LAGUNA NIGUEL, CA 92607-7620 | | | |
| SECONDARY INSURANCE | | | | | |
| | | PHONE: 949 643-3346 | | | |

PLEASE SEE REVERSE SIDE FOR EXPLANATION OF THIS BILL

SE HABLA ESPANOL



Health Net

EXPLANATION OF BENEFITS

*** THIS IS NOT A BILL ***

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 10-02-2002
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
OM P CHAURASIA, M.D., INC.
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 09-11-02 | SURGERY | \$1,025.00 | \$568.00 23 | \$457.00 | \$0.00 |
| 09-11-02 | SURGERY | \$775.00 | \$613.88 23 | \$161.12 | \$0.00 |
| | | \$1,800.00 | \$1,181.88 | \$618.12 | \$0.00 |

- Payment Summary -

Billed : \$1,800.00
Nonallowed : \$1,181.88
Allowed : \$618.12
Member's Responsibility :
Coinsurance : \$123.62
Health Net Paid : \$494.50

The member's responsibility is for \$123.62 payable to OM P CHAURASIA, M.D., INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: 43239 replaced by 43239-51

Payment(s) Issued To:
Provider 33-0886936 A \$494.50

2002-Member Deductible to Date \$1,000.00
2002-Family Deductible to Date \$1,173.75
2002-Member Coinsurance to Date \$2,310.92 Lifetime Paid: \$4,021.32

SEE EXPLANATION OF CODES ON REVERSE SIDE



STATEMENT

MAKE CHECK PAYABLE TO:

MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

IF PAYING BY MASTERCARD OR VISA
FILL OUT BELOW

| | | |
|------------------------------------|----------------|-----------------|
| CHECK CARD USING FOR PAYMENT | MASTERCARD | VISA |
| CARD NUMBER | AMOUNT | |
| SIGNATURE | EXP. DATE | |
| 3/08/03 | 1494.46 | |
| STATEMENT DATE | ACCOUNT NUMBER | PAY THIS AMOUNT |

OFFICE HOURS: MON. THRU FRI: 10:00 AM TO 3:00 PM
PHONE #: 949 843-3346

0000094791 *****AUTO** 3-DIGIT 926
13669783
DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

13669783
MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

☐ Please check box if above address is incorrect or insurance
information has changed and indicate change(s) on reverse side.

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK
PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

| STATEMENT DATE | ACCOUNT NUMBER | DIAGNOSIS CODE | PATIENT |
|----------------|----------------|----------------|--------------|
| 4/03/03 | 13669783 | 794.8 | DONALD FEUER |

| DATE | CPT | DESCRIPTION | AMOUNT |
|----------|-------|----------------------|--------|
| 08/08/02 | 88307 | SURG PATH: LEVEL V | 190.00 |
| 08/08/02 | 88313 | SPECIAL STAIN GRP II | 40.00 |
| 10/07/02 | 849 | PPD PAYMENT | 77.82 |
| 10/07/02 | 841 | PPD DISALLOW | 132.72 |
| 08/10/02 | 88305 | SURG PATH: LEVEL IV | 050.00 |
| 12/19/02 | 109 | PATIENT PAYMT | 100.00 |
| 08/26/02 | 88306 | SURG PATH: LEVEL IV | 525.00 |

paid 100-
5/03

They requested the pathology report on 10/2/03
Call H.N re. 8/26 D.O. Service

| AMOUNT DUE |
|------------|
| 1494.46 |

SERVICES RENDERED BY: MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

PRIMARY INS: HEALTHNET OPTIONS
SECONDARY INS:

PHONE #: 949 843-3346
TAX ID: 85-2848488
REFERRING PHYSICIAN: KO, ANDREW 92691



Received 10/14/02
Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

RA Number :
Claim Id :
Process Date : 10-02-2002
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
ANDREW C KO, M D
Provider ID :

RECEIVED

SEP 08 2005

TYPE OF PETITION

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-------------------|
| 08-09-02 | SURGERY | \$1,200.00 | \$677.44 54 | \$522.56 | \$0.00 |
| 08-09-02 | MISCSERVICE | \$120.00 | \$120.00 37 | \$0.00 | \$0.00 |
| 08-10-02 | SURGERY | \$1,300.00 | \$728.75 54 | \$571.25 | \$0.00 |
| 08-10-02 | MISCSERVICE | \$120.00 | \$120.00 37 | \$0.00 | \$0.00 |
| 08-08-02 | PROFSERVICE | \$150.00 | \$68.01 54 | \$81.99 | \$0.00 |
| 08-07-02 - | PROFSERVICE | \$275.00 | \$72.36 54 | \$202.64 | \$0.00 |
| 08-10-02 | PATHOLOGY | \$120.00 | \$120.00 113 | \$0.00 | \$0.00 |
| 08-09-02 | PATHOLOGY | \$120.00 | \$120.00 113 | \$0.00 | \$0.00 |
| 08-21-02 | PROFSERVICE | \$150.00 | \$22.84 54 | \$127.16 | \$0.00 |

\$3,555.00 \$2,049.40 \$1,505.60 \$0.00

- Payment Summary -

Billed : \$3,555.00
Nonallowed : \$2,049.40
Allowed : \$1,505.60
Member's Responsibility :
Coinsurance : ~~\$752.79~~
Non-Covered Chgs : ~~\$775.71~~
Health Net Paid : \$1,546.50

The member's responsibility is for \$1,528.50 payable to ANDREW C KO, M.D..
Services were rendered by a non-participating provider.
We are glad to be of service to you.

\$752.79

Description of Nonallowed Codes/Remarks

- 54 - Amount exceeds the RBRVS allowed under this plan.
- 37 - The allowance for this procedure has been adjusted per coding and billing guidelines. The non-allowable amount is not the responsibility of the member.
- 113 - There is no allowance for this procedure due to coding and billing guidelines. The non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 33-0514987 A \$1,546.50

2002-Member Deductible to Date \$1,000.00
2002-Family Deductible to Date \$1,173.75
2002-Member Coinsurance to Date \$1,891.28 Lifetime Paid: \$3,003.94

for first hospital visit

ANATION OF CODES ON REVERSE SIDE



Health Net

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

RA Number
Claim Id : 200221
Process Date : 10-02-2002
Subscriber ID : 147 50 0000
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
PHILLIP A ROBINSON, M.D.
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 08-05-02 | PROFSERVICE | \$187.00 | \$105.01 23 | \$81.99 | \$0.00 |
| 08-06-02 | PROFSERVICE | \$135.00 | \$77.46 23 | \$57.54 | \$0.00 |
| | | \$322.00 | \$182.47 | \$139.53 | \$0.00 |

- Payment Summary -

Billed : \$322.00
Nonallowed : \$182.47
Allowed : \$139.53
Member's Responsibility
Coinsurance : \$27.91
Health Net Paid : \$111.62

The member's responsibility is for \$27.91 payable to PHILLIP A ROBINSON, M.D.. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

our respons. \$27.91

hospital

Payment(s) Issued To:
Provider 33-0783137 A \$111.62

2002-Member Deductible to Date \$1,000.00
2002-Family Deductible to Date \$1,173.75
2002-Member Coinsurance to Date \$325.32 Lifetime Paid: \$1,379.62

*SEE EXPLANATION OF CODES ON REVERSE SIDE



Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

3755
1070
4645

RA Number :
Claim Id :
Process Date : 10-02-2002
Subscriber ID : 1
Group Number : 920
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
ANDREW C KO, M.D.
Provider ID : 33-0514987 A

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 08-26-02 | SURGERY | \$850.00 | \$446.40 54 | \$403.60 | \$0.00 |
| 08-26-02 | PATHOLOGY | \$120.00 | \$120.00 37 | \$0.00 | \$0.00 |
| 08-26-02 | MISC SERVICE | \$120.00 | \$120.00 37 | \$0.00 | \$0.00 |
| | | \$1,090.00 | \$686.40 | \$403.60 | \$0.00 |

- Payment Summary -

Billed : \$1,090.00
Nonallowed : ~~\$686.40~~
Allowed : \$403.60
Member's Responsibility :
Coinsurance : \$201.80
Non-Covered Chgs : \$446.40
Health Net Paid : \$201.80

The member's responsibility is for \$648.20 payable to ANDREW C KO, M.D.. Services were rendered by a non-participating provider. We are glad to be of service to you.

1/2 to charges

Description of Nonallowed Codes/Remarks

- 54 - Amount exceeds the RBRVS allowed under this plan.
37 - The allowance for this procedure has been adjusted per coding and billing guidelines. The non-allowable amount is not the responsibility of the member.

Scoping after hospital stay

\$ 201.80

Due to Dr KO
for 8/20/02
(1/2 of total)

Payment(s) Issued To:
Provider 33-0514987 A \$201.80

2002-Member Deductible to Date \$1,000.00
2002-Family Deductible to Date \$1,173.75
2002-Member Coinsurance to Date \$2,162.19 Lifetime Paid: \$3,426.32

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

RA Number :
Claim Id : 20020210
Process Date : 10-02-2002
Subscriber ID : 100 50 000
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
✓ JOHN S BELVILLE, M.D.
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 08-05-02 | SURGERY | \$437.00 | \$4.25 23 | \$432.75 | \$0.00 |
| 08-05-02 | RADIOLOGY | \$108.00 | \$71.61 23 | \$36.39 | \$0.00 |
| | | \$545.00 | \$75.86 | \$469.14 | \$0.00 |

- Payment Summary -

| | | | |
|-------------------------|---|----------|---|
| Billed | : | \$545.00 | The member's responsibility is for \$188.46 payable to JOHN S BELVILLE, M.D. |
| Nonallowed | : | \$75.86 | Services were rendered by a Health Net preferred provider. We are glad to be of service to you. |
| Allowed | : | \$469.14 | |
| Member's Responsibility | : | \$118.29 | |
| Deductible | : | \$70.17 | |
| Coinsurance | : | \$280.68 | |
| Health Net Paid | : | | |

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

During first hospital stay

Payment(s) Issued To:
Provider 95-2662029 E \$280.68

| | | | |
|---------------------------------|------------|----------------|----------|
| 2002-Member Deductible to Date | \$1,000.00 | | |
| 2002-Family Deductible to Date | \$1,173.75 | | |
| 2002-Member Coinsurance to Date | \$110.17 | Lifetime Paid: | \$519.05 |

*SEE EXPLANATION OF CODES ON REVERSE SIDE

04001002359145-58-2653P0510165





Health Net

EXPLANATION OF BENEFITS

*** THIS IS NOT A BILL ***

IFP/PPO

P.O. BOX 10223

VAN NUYS, CA 91410-0223

1-800-839-2172

DONALD S. FEUER

10 VIA TUNAS

SAN CLEMENTE, CA 92673-2737

RA Number : -
Claim Id : -
Process Date : 10-02-2002
Subscriber ID : 1
Group Number : 9
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
CHARLES C BAILEY JR., M.D.
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 08-03-02 | PROFSERVICE | \$193.00 | \$0.00 | \$193.00 | \$0.00 |
| 08-04-02 | PROFSERVICE | \$193.00 | \$0.00 | \$193.00 | \$0.00 |
| 08-07-02 | PROFSERVICE | \$193.00 | \$0.00 | \$193.00 | \$0.00 |
| 08-08-02 | PROFSERVICE | \$132.00 | \$0.00 | \$132.00 | \$0.00 |
| 08-09-02 | PROFSERVICE | \$94.00 | \$0.00 | \$94.00 | \$0.00 |
| | | \$805.00 | \$0.00 | \$805.00 | \$0.00 |

- Payment Summary -

Billed : \$805.00
Allowed : \$805.00
Member's Responsibility
Coinsurance : \$161.00
Health Net Paid : \$644.00

The member's responsibility is for \$161.00 payable to CHARLES C BAILEY JR., M.D. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

For First hospital stay

Payment(s) Issued To:

Provider 33-0139962 A \$644.00

2002-Member Deductible to Date \$1,000.00

2002-Family Deductible to Date \$1,173.75

2002-Member Coinsurance to Date \$297.41

Lifetime Paid: \$1,268.00

SEE EXPLANATION OF CODES ON REVERSE SIDE



MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

Phone Number: 949 643-3346

Office Hours: 10:00 A.M. - 3:00 P.M., Mon. - Fri.

FORWARDING SERVICE REQUESTED

DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE CA 92673-2737

| | | |
|--|-------------------------------------|--------------------------|
| IF PAYING BY CREDIT CARD, FILL OUT BELOW. | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| CARD NUMBER | | EXP. DATE |
| SIGNATURE | | |
| STATEMENT DATE | AMOUNT DUE | ACCOUNT NUMBER |
| 7/31/03 | \$19.46 | 13669783 |
| PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK | | SHOW AMOUNT PAID HERE \$ |

MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

☐ Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.

Please detach and return this portion with payment.

E: DONALD FEUER

FEDERAL TAX ID: 95-2648499

| PROCEDURE | DESCRIPTION | AMOUNT |
|--------------|----------------------|---------|
| 08/06 88307 | SURG PATH:LEVEL V | 190.00 |
| 88313 | SPECIAL STAIN GRP II | 40.00 |
| 10/07/02 849 | PPO PAYMENT | -77.82 |
| 10/07/02 841 | PPO DISALLOW | -132.72 |

| REFERRING PHYSICIAN | SERVICE LOCATION | ACCOUNT ID | STMT DATE | BALANCE |
|---------------------|--|------------|-----------|---------|
| KARDAN, FARAMARZ M | MISSION COMM HOSP-VP | | 7/31/03 | \$19.46 |
| ATTENDING PHYSICIAN | MESSAGES | | | |
| EKUAN, JUSTIN MD | PLEASE GIVE YOUR SERIOUS CONSIDERATION TO THIS PAST DUE ACCOUNT BY SENDING YOUR PAYMENT IN FULL BY RETURN MAIL. THANK YOU. | | | |
| PRIMARY INSURANCE | MAKE CHECK PAYABLE TO: MISSION PATHOLOGY MED ASSOC P.O. BOX 7620 LAGUNA NIGUEL, CA 92607-7620 PHONE: 949 643-3346 | | | |
| HEALTHNET OPTIONS | | | | |
| SECONDARY INSURANCE | | | | |

PLEASE SEE REVERSE SIDE FOR EXPLANATION OF THIS BILL

SE HABLA ESPANOL

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK
PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

| STATEMENT DATE | ACCOUNT NUMBER | DIAGNOSIS CODE | PATIENT |
|----------------|----------------|----------------|--------------|
| 10/17/02 | | 784.8 | DONALD FEUER |

| DATE | CPT | DESCRIPTION | AMOUNT |
|----------|-------|----------------------|----------|
| 08/06/02 | 88307 | SURG PATH: LEVEL V | 190.00 |
| 08/08/02 | 88313 | SPECIAL STAIN GRP II | 40.00 |
| 10/07/02 | 849 | PPD PAYMENT | 77.82 |
| 10/07/02 | 841 | PPD DISALLOW | 132.72 |
| 08/10/02 | 88305 | SURG PATH: LEVEL IV | 1,060.00 |
| 08/26/02 | 88305 | SURG PATH: LEVEL IV | 525.00 |

pd \$100
Balance = \$494.46

| | |
|--|---------------|
| YOUR ACCOUNT HAS BEEN OUTSTANDING FOR 30 DAYS. IF INSURANCE WAS BILLED, PLEASE CONTACT YOUR CARRIER REGARDING PAYMENT OR REMIT YOUR PAYMENT BY RETURN MAIL. | AMOUNT DUE |
| | 1594.48 |

SERVICES RENDERED BY: MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

PRIMARY INS: HEALTHNET OPTIONS
SECONDARY INS:

PHONE #: 949 843-3348
TAX ID: 95-2648499

REFERRING PHYSICIAN: KO, ANDREW 02601



Health Net

EXPLANATION OF BENEFITS

*** THIS IS NOT A BILL ***

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
MISSION HOSPITAL REG MED CTR
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 07-23-02 | OUTPATIENT | \$2,520.00 | \$504.00 23 | \$2,016.00 | \$0.00 |
| | | \$2,520.00 | \$504.00 | \$2,016.00 | \$0.00 |

| | | |
|---------------------|------------|---|
| - Payment Summary - | | As a Health Net member, you have no further |
| Billed | \$2,520.00 | financial responsibility for this claim. |
| Nonallowed | \$504.00 | Services were rendered by a Health Net |
| Allowed | \$2,016.00 | preferred provider. We are glad to be of |
| Health Net Paid | \$2,016.00 | service to you. |

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Before first hospitalization

Payment(s) Issued To:
Provider 95-1643360 A \$2,016.00

| | | |
|---------------------------------|------------|----------------------------|
| 2002-Member Deductible to Date | \$1,000.00 | |
| 2002-Family Deductible to Date | \$1,322.84 | |
| 2002-Member Coinsurance to Date | \$3,000.00 | Lifetime Paid: \$14,614.15 |

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 07-08-2003
Reference Num. :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
MISSION HOSPITAL REG MED CTR
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | GOPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 08-02-02/08-10-02 | INPATIENT | \$10,200.00 | \$7,910.11 23 | \$2,289.89 | \$0.00 |
| 08-02-02/08-10-02 | ANCILLARY | \$28,713.45 | \$22,267.34 23 | \$6,446.11 | \$0.00 |
| 08-10-02 | INTEREST | \$75.39 | \$0.00 | \$75.39 | \$0.00 |

\$38,988.84 \$30,177.45 \$8,811.39 \$0.00

- Payment Summary -
Billed : \$38,988.84
Nonallowed : \$30,177.45
Allowed : \$8,811.39
Health Net Paid : \$8,811.39

As a Health Net member, you have no further financial responsibility for this claim. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

First Hospitalization whereby Crohn's was discovered

Remarks

Payment
Paid

2002-Member Deductible to Date \$1,000.00
2002-Family Deductible to Date \$1,322.84
2002-Member Coinsurance to Date \$3,000.00 Lifetime Paid: \$24,589.37

*SEE EXPLANATION OF CODES ON REVERSE SIDE

0017025R00113254POS33613005101



Health Net

Mail: P.O. Box 10196
Van Nuys, CA 91410-0196

IFP / PPO

1-800-839-2172

November 25, 2002

DONALD S FEUER
10 VIA TUNAS
SAN CLEMENTE

CA 92673-2737

SUBJECT: SUBSCRIBER NAME: DONALD S FEUER
SUBSCRIBER SSN: GROUP: 9915
DATE(S) OF SERVICE: 08/02/02-08/10/02 PATIENT: DONALD MM1
TOTAL CHARGE(S): \$38,913.45 CLAIM #:
PROVIDER: MISSION HOSPITAL REG MED CTR PCN:
27700 MEDICAL CENTER RD
MISSION VIEJO CA 92691-6426 (949) 364-1400

Dear Member:

We are in receipt of the claim identified above. Please note that there will be a delay in the processing of this claim as it requires:

Receipt of medical records.

We will keep you informed at regular intervals of the status of your claim. We will also inform you when a determination has been made.

If you have any questions or concerns, please contact Health Net.

Sincerely,
Claims Department

Charges for first hospitalization for 8 days



Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of 2003037-CK7-068

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-08-2003
Reference Num. :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 12-10-02 | PROFSERVICE | \$84.00 | \$21.00 23 | \$63.00 | \$20.00 |
| 12-10-02 | INTEREST | \$0.58 | \$0.00 | \$0.58 | \$0.00 |
| | | \$84.58 | \$21.00 | \$63.58 | \$20.00 |

- Payment Summary -
Billed : \$84.58
Nonallowed : \$21.00
Allowed : \$63.58
Member's Responsibility :
Copayment : \$20.00
Health Net Paid : \$43.58
The member's responsibility is for \$20.00 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: * INTEREST PAID AMOUNT REPRESENTS
15% PER ANNUM, AS INTEREST PAYMENT
TO COMPLY WITH THE PROMPT PAYMENT LEGISLATION.

Payment(s) Issued

2002-M ber Deduct
2002-Fi lly Deduct
2002-Me ar Coinsu

Continious care

*SEE EXPLANATION OF CODES ON REVERSE SIDE



Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id : 2
Process Date : 04-08-2000
Reference Num. : 1
Group Number : 9
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 07-29-02 | PROFSERVICE | \$349.00 | \$86.35 23 \$59.50 19 | \$203.15 | \$20.00 |
| 07-29-02 | PATHOLOGY | \$10.00 | \$6.00 23 | \$4.00 | \$0.00 |
| 07-29-02 | PATHOLOGY | \$18.00 | \$4.50 23 | \$13.50 | \$0.00 |
| 07-29-02 | RADIOLOGY | \$65.00 | \$21.66 23 | \$43.34 | \$0.00 |
| 07-29-02 | INTEREST | \$14.07 | \$0.00 | \$14.07 | \$0.00 |
| | | \$456.07 | \$178.01 | \$278.06 | \$20.00 |

- Payment Summary -

Billed : \$456.07
Nonallowed : \$178.01
Allowed : \$278.06
Member's Responsibility
Deductible : \$60.84
Copayment : \$20.00
Health Net Paid : \$197.22

The member's responsibility is for \$80.84 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.
- 19 - Office visit re-coded to match the diagnosis billed. Charges reduced, please do not bill the member.

Rem When Crohn's was taking toll before first hospitalization

Pay
F

200
200
200

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

*** THIS IS NOT A BILL ***

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
SAN CLEMENTE HOSP & MED CTR
Provider ID :

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 09-07-02/09-12-02 | INPATIENT | \$7,500.00 | \$6,533.11 23 | \$966.89 | \$0.00 |
| 09-07-02/09-12-02 | ANCILLARY | \$25,272.73 | \$22,014.62 23 | \$3,258.11 | \$0.00 |
| | | \$32,772.73 | \$28,547.73 | \$4,225.00 | \$0.00 |

- Payment Summary -
Billed : \$32,772.73
Nonallowed : \$28,547.73
Allowed : \$4,225.00
Health Net Paid : \$4,225.00

As a Health Net member, you have no further financial responsibility for this claim. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Second hospitalization for Crohn's attack whereby blockages were discovered and needed hospitalization for five days to bring under control

Payment(
Provid

2002-Mem
2002-Fam
2002-Mem

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number : (.....)
Claim Id : 1003101-0000
Process Date : 04-15-2003
Reference Num. : R00113254
Group Number : 92080A
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
EMERGENCY PHYSICIANS MED GRP
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 09-07-02 | ERPHYSICIAN | \$463.20 | \$285.56 23 | \$177.64 | \$0.00 |
| | | \$463.20 | \$285.56 | \$177.64 | \$0.00 |

| | | |
|-------------------------|----------|--|
| - Payment Summary - | | The member's responsibility is for \$35.53 |
| Billed | \$463.20 | payable to EMERGENCY PHYSICIANS MED GRP. |
| Nonallowed | \$285.56 | Services were rendered by a Health Net |
| Allowed | \$177.64 | preferred provider. We are glad to be of |
| Member's Responsibility | | service to you. |
| Coinsurance | \$35.53 | |
| Health Net Paid | \$142.11 | |

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Er Physician for entering hospital on second time for extended stay

Pay

200
200
200

*SEE EXPLANATION OF CODES ON REVERSE SIDE



STATEMENT

MAKE CHECK PAYABLE TO:

MISSION PATHOLOGY MED ASSOC
P.O. BOX 7820
LAGUNA NIGUEL, CA 92607-7820

OFFICE HOURS: MON. THRU FRI. 10:00 AM TO 3:00 PM
PHONE #: 949 843-3348

0000054353 *****AUTO** 3-DIGIT 926

13889783

DONALD FEUER

10 VIA TUNAS

SAN CLEMENTE, CA 92673-2737

IF PAYING BY MASTERCARD OR VISA,
FILL OUT BELOW

| | | | |
|------------------------------------|----------------|-------------------------------------|-------------------------------|
| CHECK CARD USING FOR PAYMENT | | <input type="checkbox"/> MASTERCARD | <input type="checkbox"/> VISA |
| CARD NUMBER | | AMOUNT | |
| SIGNATURE | | EXP. DATE | |
| 9/19/02 | | 1805.00 | |
| STATEMENT DATE | ACCOUNT NUMBER | PAY THIS AMOUNT | |



13889783
MISSION PATHOLOGY MED ASSOC
P.O. BOX 7820
LAGUNA NIGUEL, CA 92607-7820

☐ Please check box if above address is incorrect or insurance
information has changed and indicate change(s) on reverse side.

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK
PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

| STATEMENT DATE | ACCOUNT NUMBER | DIAGNOSIS CODE | PATIENT |
|----------------|----------------|----------------|--------------|
| 9/19/02 | 13889783 | 794.8 | DONALD FEUER |

| DATE | CPT | DESCRIPTION | AMOUNT |
|----------|-------|----------------------|----------|
| 08/06/02 | 88307 | SURG PATH:LEVEL V | 190.00 |
| 08/06/02 | 88313 | SPECIAL STAIN GRP II | 40.00 |
| 08/10/02 | 88305 | SURG PATH:LEVEL IV | 1,050.00 |
| 08/26/02 | 88305 | SURG PATH:LEVEL IV | 525.00 |

| | | | |
|--|--|--|---------------|
| YOUR ACCOUNT HAS BEEN OUTSTANDING FOR 30 DAYS. IF INSURANCE WAS BILLED, PLEASE CONTACT YOUR CARRIER REGARDING PAYMENT OR REMIT YOUR PAYMENT BY RETURN MAIL. | | | AMOUNT DUE |
| | | | 1805.00 |

SERVICES RENDERED BY: MISSION PATHOLOGY MED ASSOC
P.O. BOX 7820
LAGUNA NIGUEL, CA 92607-7820

PRIMARY INS: HEALTHNET SELECT POS
SECONDARY INS:

PHONE

TAX ID

REFERRING PHYSICIAN: KO, ANDREW 92001

BRISTOL PARK MEDICAL GROUP, INC.
2501 S. PULLMAN ST
SANTA ANA, CA 92705

RETURN SERVICE REQUESTED

FOR BILLING QUESTIONS, CALL: 949-437-9470

ADDRESSEE:

DONALD S FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

| | | |
|--|-------------------------------|-------------------------------|
| IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW. | | |
| CHECK CARD USING FOR PAYMENT | | |
| <input type="checkbox"/> MASTERCARD | <input type="checkbox"/> VISA | <input type="checkbox"/> VISA |
| CARD NUMBER | AMOUNT | |
| SIGNATURE | EXP. DATE | |
| STATEMENT DATE | PAY THIS AMOUNT | ACCT. # |
| 07/30/03 | 353.84 | |
| PAGE: 2 of 5 | | SHOW AMOUNT PAID HERE \$ |

REMIT TO:

BRISTOL PARK MEDICAL GROUP, INC.
2501 S. PULLMAN ST
SANTA ANA, CA 92705

30853*101001551000827

☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

| DATE | RVS CODE | DESCRIPTION | DIAGNOSIS | FIRST NAME | PHYSICIAN | AMOUNT |
|----------|----------|-------------------------|-----------------|-----------------|-----------|----------|
| 02/10/03 | | | | | | -10.00 |
| | | | (INVOICE 909533 | INV BAL= 43.50) | | |
| 08/10/02 | 99238 | HOSPITAL DISCHARGE DAY | 558.9 | DONALD S | APPEL | 125.00 |
| 10/10/02 | | PPO PAYMENT | | | | 108.89CR |
| 12/27/02 | | PATIENT PAYMENT/MAIL IN | | | | 16.11CR |
| 02/10/03 | | | | | | -16.11 |
| | | | (INVOICE 916734 | INV BAL= 16.11) | | |
| 08/02/02 | 99222 | INITIAL HOSPITAL CARE | 789.0 | DONALD S | KARDAN | 280.00 |
| 10/10/02 | | PPO PAYMENT | | | | 253.76CR |
| 12/27/02 | | PATIENT PAYMENT/MAIL IN | | | | 26.24CR |

IRS ID:

GID GUARANTOR NAME: DONALD S FEUER

BALANCE DUE

353.84

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

PAYMENT IS DUE WITHIN 30 DAYS OF FIRST BILLING FOR CHARGES.

11111111111111111111



BRISTOL PARK MEDICAL GROUP, INC.
2501 S. PULLMAN ST
SANTA ANA, CA 92705

RETURN SERVICE REQUESTED

FOR BILLING QUESTIONS, CALL: 949-437-9470

ADDRESSEE:

DONALD S FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

| | | |
|--|--|--------------------------|
| IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW. | | |
| CHECK CARD USING FOR PAYMENT | | |
| <input checked="" type="checkbox"/>  MASTERCARD | <input type="checkbox"/>  VISA | |
| CARD NUMBER | AMOUNT | |
| SIGNATURE | EXP. DATE | |
| STATEMENT DATE | PAY THIS AMOUNT | ACCT. # |
| 07/30/03 | 353.84 | |
| PAGE: 3 of 5 | | SHOW AMOUNT PAID HERE \$ |

REMIT TO:

BRISTOL PARK MEDICAL GROUP, INC.
2501 S. PULLMAN ST
SANTA ANA, CA 92705

30853*10MQL651000827

☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

| DATE | RVS CODE | DESCRIPTION | DIAGNOSIS | FIRST NAME | PHYSICIAN | AMOUNT |
|----------|----------|--|-----------|------------|-----------------|---------|
| 02/10/03 | | | | | | 26.24 |
| | | (INVOICE | | | INV BAL= 26.24) | |
| 08/06/02 | 99232 | SUBSEQUENT HOSPITAL CARE | 789.0 | DONALD S | KARDAN | 96.00 |
| 04/10/03 | | PPO PAYMENT | | | | 0.00 |
| | | INSURANCE DENIED, REQUESTING ADDITIONAL INFORMATION FROM PAT | | | | |
| | | (INVOICE 942649 | | | INV BAL= 96.00) | |
| 08/07/02 | 99232 | SUBSEQUENT HOSPITAL CARE | 789.0 | DONALD S | KARDAN | 96.00 |
| 04/10/03 | | PPO PAYMENT | | | | 0.00 |
| | | INSURANCE DENIED, REQUESTING ADDITIONAL INFORMATION FROM PAT | | | | |
| | | (INVOICE 942722 | | | INV BAL= 96.00) | |
| 08/09/02 | 99232 | SUBSEQUENT HOSPITAL CARE | 789.0 | DONALD S | KARDAN | 96.00 |
| 10/10/02 | | PPO PAYMENT | | | | 83.00CR |
| 12/27/02 | | PATIENT PAYMENT/MAIL IN | | | | 13.00CR |

IRS ID: 95-2653450
GID: 906701

GID GUARANTOR NAME: DONALD S FEUER

BALANCE DUE

353.84


IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

PAYMENT IS DUE WITHIN 30 DAYS OF FIRST BILLING FOR CHARGES.



100-443887-100

FOR BILLING QUESTIONS, CALL: 949-437-9470


 DONALD S FEUER
 10 VIA TUNAS
 SAN CLEMENTE, CA 92673-2737

PAGE: 4 of 5

SHOW AMOUNT PAID HERE \$

BRISTOL PARK MEDICAL GROUP, INC.
2501 S. PULLMAN ST
SANTA ANA, CA 92705

☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT ¹⁰⁻²²

| DATE | DESCRIPTION | AMOUNT | NAME | STATUS | BALANCE |
|----------|--|--------|----------|----------|-----------------|
| 02/10/03 | Billing for regular visits and what was not paid for by insurance. | | | | -13.00 |
| 08/29/02 | | | | | 20.00CR |
| 08/29/02 | 99213 OFFICE/OUTPATIENT VISIT, | 1.4 | DONALD S | STOECKER | 84.00 |
| 08/29/02 | 36415 COLLECTION OF BLOOD BY VE | 571.4 | DONALD S | STOECKER | 18.00 |
| 04/15/03 | PPO PAYMENT | | | | 68.50CR |
| | (INVOICE | | | | INV BAL= 13.50) |
| 08/08/02 | 99232 SUBSEQUENT HOSPITAL CARE | 780.6 | DONALD S | TRINH | 96.00 |
| 10/10/02 | PPO PAYMENT | | | | 83.00CR |
| 12/27/02 | PATIENT PAYMENT/MAIL IN | | | | 13.00CR |

350.04

PAYMENT IS DUE WITHIN 30 DAYS OF FIRST BILLING FOR CHARGES.





BRISTOL PARK MEDICAL GROUP, INC.
2501 S. PULLMAN ST
SANTA ANA, CA 92705

RETURN SERVICE REQUESTED

FOR BILLING QUESTIONS, CALL: 949-437-9470

ADDRESSEE:

|||||
DONALD S FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

| | | |
|---|-------------------------------|--------------------------|
| IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW | | |
| CHECK CARD USING FOR PAYMENT | | |
| <input checked="" type="checkbox"/> MASTERCARD | <input type="checkbox"/> VISA | |
| CARD NUMBER | AMOUNT | |
| SIGNATURE | EXP. DATE | |
| STATEMENT DATE | PAY THIS AMOUNT | ACCT. # |
| 07/30/03 | 353.84 | |
| PAGE: 5 of 5 | | SHOW AMOUNT PAID HERE \$ |

REMIT TO:

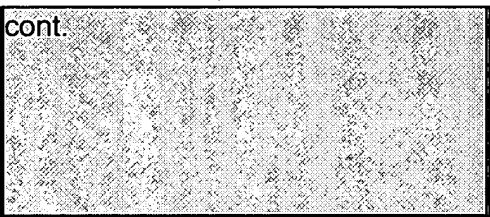
|||||
BRISTOL PARK MEDICAL GROUP, INC.
2501 S. PULLMAN ST
SANTA ANA, CA 92705

30853*10100L551000827

☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

| DATE | RVS CODE | DESCRIPTION | DIAGNOSIS | FIRST NAME | PHYSICIAN | AMOUNT |
|---|----------|-------------|-----------|------------|-----------|--------|
| 02/10/03 | | | | | | -13.00 |
| (INVOICE 955405 INV BAL= 13.00) | | | | | | |
| ===== | | | | | | |
| cont. | | | | | | |
|  | | | | | | |

IRS ID: 95-2653450
GID: 906702

GID GUARANTOR NAME: DONALD S FEUER

BALANCE DUE

353.84

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

PAYMENT IS DUE WITHIN 30 DAYS OF FIRST BILLING FOR CHARGES.





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
MISSION HOSPITAL REG MED CTR
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 08-26-02 | OUTPATIENT | \$3,334.24 | \$833.56 23 | \$2,500.68 | \$0.00 |
| | | \$3,334.24 | \$833.56 | \$2,500.68 | \$0.00 |

- Payment Summary -
Billed : \$3,334.24
Nonallowed : \$833.56
Allowed : \$2,500.68
Member's Responsibility
Coinsurance : \$500.14
Health Net Paid : \$2,000.54

The member's responsibility is for \$500.14 payable to MISSION HOSPITAL REG MED CTR. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Out patient after first hospitalization

Payment(s) Issued To:
Provider : \$2,000.54

2002-Member Deductib: to Date \$1,000.00
2002-Family Deductib: to Date \$1,322.84
2002-Member Coinsur: e to Date \$2,812.46 Lifetime Paid: \$6,027.47

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 12-02-2003
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
PETER M ROTHENBERG, M.D
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 09-10-02 | PROFSERVICE | \$250.00 | \$226.68 23 | \$23.32 | \$0.00 |
| 09-11-02 | PROFSERVICE | \$125.00 | \$43.01 23 | \$81.99 | \$0.00 |
| 09-12-02 | PROFSERVICE | \$175.00 | \$77.15 23 | \$97.85 | \$0.00 |
| 09-12-02 | INTEREST | \$0.98 | \$0.00 | \$0.98 | \$0.00 |
| | | \$550.98 | \$346.84 | \$204.14 | \$0.00 |

- Payment Summary -

Billed : \$550.98
Nonallowed : \$346.84
Allowed : \$204.14
Previously Paid : \$179.84
Health Net Paid : \$24.30

As a Health Net member, you have no further financial responsibility for this claim. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Billing during second hospitalization

Remark

Payment
Prov

2002-M
2002-F
2002-M

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

*** THIS IS NOT A BILL ***

IFP/PPO
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1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 06-03-2003
Reference Num. : P000000000
Group Number : 1
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
JUSTIN H EKUAN, M.D.
Provider ID : 70439

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLO. AMOUNT | PAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-----------------|---------------|
| 08-10-02 | PATHOLOGY | \$1,050.00 | \$540.36 23 | \$509.64 | \$0.00 |
| 08-10-02 | INTEREST | \$0.41 | \$0.00 | \$0.41 | \$0.00 |
| | | \$1,050.41 | \$540.36 | \$510.05 | \$0.00 |

| | | |
|----------------------------|--------------|---|
| - Payment Summary - | | As a Health Net member, you have no further |
| Billed | : \$1,050.41 | financial responsibility for this claim. |
| Nonallowed | : \$540.36 | Services were rendered by a Health Net |
| Allowed | : \$510.05 | preferred provider. We are glad to be of |
| Health Net Paid | : \$510.05 | service to you. |

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: * INTEREST PAID AMOUNT REPRESENTS
15. % PER ANNUM, AS INTEREST PAYMENT
TO COMPLY WITH THE PROMPT PAYMENT LEGISLATION

Hosp. 2002 (August)

SEE EXPLANATION OF CODES ON REVERSE SIDE

4010356R01113254P0506652005600





Health Net

EXPLANATION OF BENEFITS

• THIS IS NOT A BILL •

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P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number : 1
Claim Id : 2002
Process Date : 07-15-2003
Reference Num. :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
LABORATORY CORP OF AMERICA-S.D
Provider ID : E

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 10-02-02 | PATHOLOGY | \$97.21 | \$97.21 20 | \$0.00 | \$0.00 |
| 10-02-02 | PATHOLOGY | \$31.43 | \$31.43 20 | \$0.00 | \$0.00 |
| 10-02-02 | PATHOLOGY | \$23.85 | \$23.85 20 | \$0.00 | \$0.00 |
| 10-02-02 | PATHOLOGY | \$16.11 | \$16.11 20 | \$0.00 | \$0.00 |
| | | \$168.60 | \$168.60 | \$0.00 | \$0.00 |

| | | | |
|----------------------------|---|----------|--|
| - Payment Summary - | | | As a Health Net member, you have no further financial responsibility for this claim. Services were rendered by a Health Net preferred provider. We are glad to be of service to you. |
| Billed | : | \$168.60 | |
| Nonallowed | : | \$168.60 | |
| Allowed | : | \$0.00 | |

Description of Nonallowed Codes/Remarks

20 - See the Remarks Section.

Continued care October 2002

2002
2002
2002

*SEE EXPLANATION OF CODES ON REVERSE SIDE

2017734R1011315AP0550620405340





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

RA Number :
Claim Id : 1000100 00
Process Date : 07-09-2003
Reference Num. :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
LABORATORY CORP OF AMERICA-S.D
Provider ID :

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 10-02-02 | PATHOLOGY | \$97.21 | \$97.21 20 | \$0.00 | \$0.00 |
| 10-02-02 | PATHOLOGY | \$31.43 | \$31.43 20 | \$0.00 | \$0.00 |
| 10-02-02 | PATHOLOGY | \$23.85 | \$23.85 20 | \$0.00 | \$0.00 |
| 10-02-02 | PATHOLOGY | \$16.11 | \$16.11 20 | \$0.00 | \$0.00 |
| | | \$168.60 | \$168.60 | \$0.00 | \$0.00 |

- Payment Summary -
Billed : \$168.60
Nonallowed : \$168.60
Allowed : \$0.00
As a Health Net member, you have no further financial responsibility for this claim. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

20 - See the Remarks Section.

Continued Care October 2002

2002-M
2002-E
2002-M

*SEE EXPLANATION OF CODES ON REVERSE SIDE



Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IPP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 11-12-2002
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
JERREE A STROH, M.D.
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 09-11-02 | PATHOLOGY | \$7.50 | \$2.25 23 | \$5.25 | \$0.00 |
| 09-11-02 | PATHOLOGY | \$5.25 | \$3.49 23 | \$1.76 | \$0.00 |
| | | \$12.75 | \$5.74 | \$7.01 | \$0.00 |

- Payment Summary -

Billed : \$12.75
Nonallowed : \$5.74
Allowed : \$7.01
Member's Responsibility :
Coinsurance : \$1.40
Health Net Paid : \$5.61

The member's responsibility is for \$1.40 payable to JERREE A STROH, M.D... Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Hosp. Sept. 2002

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SEE EXPLANATION OF CODES ON REVERSE SIDE

00001002230143-50-2635P0577910





* THIS IS NOT A BILL *

IFP/PPO
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VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-07-2003
Reference Num. :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
LABORATORY CORP OF AMERICA-S.D.
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 08-02-02 | PATHOLOGY | \$34.82 | \$0.00 | \$34.82 | \$0.00 |
| 08-02-02 | PATHOLOGY | \$23.15 | \$6.45 23 | \$16.70 | \$0.00 |
| | | \$57.97 | \$6.45 | \$51.52 | \$0.00 |

| | | |
|-------------------------|---|---------|
| Billed | : | \$57.97 |
| Nonallowed | : | \$6.45 |
| Allowed | : | \$51.52 |
| Member's Responsibility | | |
| Deductible | : | \$51.52 |

The member's responsibility is for \$51.52 payable to LABORATORY CORP OF AMERICA-S.D. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Testing August 2002

2002-
2002-
2002-





Health Net

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

EXPLANATION OF BENEFITS

* THIS IS A BILL *

RA Number :
Claim Id :
Process Date : 04-07-2003
Reference Num. :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
MICHAEL I MIYAMOTO, M.D.
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 08-03-02 | PATHOLOGY | \$35.00 | \$25.27 23 | \$9.73 | \$0.00 |
| | | \$35.00 | \$25.27 | \$9.73 | \$0.00 |

- Payment Summary -
Billed : \$35.00
Nonallowed : \$25.27
Allowed : \$9.73
Member's Responsibility
Deductible : \$9.73

The member's responsibility is for \$9.73 payable to MICHAEL I MIYAMOTO, M.D... Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Test August 2002

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

THIS IS A BILL *

RA Number :
Claim Id : 2003031
Process Date : 04-08-2003
Reference Num. :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 08-27-02 | INJECTION | \$15.00 | \$9.77 23 | \$5.23 | \$0.00 |
| 08-27-02 | INJECTION | \$54.00 | \$38.31 23 | \$15.69 | \$0.00 |
| 08-27-02 | INTEREST | \$0.96 | \$0.00 | \$0.96 | \$0.00 |
| | | \$69.96 | \$48.08 | \$21.88 | \$0.00 |

- Payment Summary -
Billed : \$69.96
Nonallowed : \$48.08
Allowed : \$21.88
Health Net Paid : \$21.88
As a Health Net member, you have no further financial responsibility for this claim. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Continued Care Aug. 2002

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

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1-800-839-2172

Of 210000

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

AA Number :
Claim Id :
Process Date : 04-08-2003
Reference Num. : R00113254
Group Number : 92080A
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 08-27-02 | PREVENTIVE | \$191.00 | \$57.17 23 | \$133.83 | \$20.00 |
| 08-27-02 | INJECTION | \$40.00 | \$10.00 23 | \$30.00 | \$0.00 |
| 08-27-02 | INJECTION | \$26.00 | \$6.50 23 | \$19.50 | \$0.00 |
| 08-27-02 | INJECTION | \$53.00 | \$13.25 23 | \$39.75 | \$0.00 |
| 08-27-02 | INJECTION | \$30.00 | \$7.50 23 | \$22.50 | \$0.00 |
| 08-27-02 | INTEREST | \$10.47 | \$0.00 | \$10.47 | \$0.00 |
| | | \$350.47 | \$94.42 | \$256.05 | \$20.00 |

- Payment Summary -
Billed : \$350.47
Nonallowed : \$94.42
Allowed : \$256.05
Member's Responsibility
Copayment : \$20.00
Health Net Paid : \$236.05

The member's responsibility is for \$20.00 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Continued Care Aug 2002

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*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of 2003010-CH4-041

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
JERREE A STROH, M.D.
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 09-07-02 | PATHOLOGY | \$8.50 | \$4.98 23 | \$3.52 | \$0.00 |
| 09-07-02 | PATHOLOGY | \$6.75 | \$5.19 23 | \$1.56 | \$0.00 |
| 09-07-02 | PATHOLOGY | \$25.00 | \$14.74 23 | \$10.26 | \$0.00 |
| 09-08-02 | PATHOLOGY | \$10.00 | \$7.28 23 | \$2.72 | \$0.00 |
| 09-08-02 | INTEREST | \$0.73 | \$0.00 | \$0.73 | \$0.00 |

\$50.98 \$32.19 \$18.79 \$0.00

- Payment Summary -
Billed : \$50.98
Nonallowed : \$32.19
Allowed : \$18.79
Member's Responsibility :
Coinsurance : \$3.60
Health Net Paid : \$15.19

The member's responsibility is for \$3.60 payable to JERREE A STROH, M.D. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Hospital September 2002

R

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SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* THIS IS NO.

IEP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410
1-800-839-2172

Adjustment of

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. : R00113254
Group Number : 92080A
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
JERREE A STROH, M.D.
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 09-07-02 | PATHOLOGY | \$10.00 | \$7.28 23 | \$2.72 | \$0.00 |
| 09-07-02 | PATHOLOGY | \$7.50 | \$2.25 23 | \$5.25 | \$0.00 |
| 09-07-02 | PATHOLOGY | \$8.00 | \$3.11 23 | \$4.89 | \$0.00 |
| 09-07-02 | PATHOLOGY | \$7.25 | \$0.00 | \$7.25 | \$0.00 |

\$32.75 \$12.64 \$20.11 \$0.00

- Payment Summary -

Billed : \$32.75
Nonallowed : \$12.64
Allowed : \$20.11
Member's Responsibility :
Coinsurance : \$2.92
Health Net Paid : \$17.19

The member's responsibility is for \$2.92 payable to JERREE A STROH, M.D. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Hosp. Sept 2002

*SEE EXPLANATION OF CODES ON REVERSE SIDE



Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. : R
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
JERREE A STROH, M.D.
Provider ID :

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 09-08-02 | PATHOLOGY | \$7.50 | \$2.25 23 | \$5.25 | \$0.00 |
| 09-08-02 | PATHOLOGY | \$9.50 | \$6.17 23 | \$3.33 | \$0.00 |
| 09-08-02 | PATHOLOGY | \$11.50 | \$8.28 23 | \$3.22 | \$0.00 |
| 09-08-02 | PATHOLOGY | \$13.50 | \$6.84 23 | \$6.66 | \$0.00 |
| | | \$42.00 | \$23.54 | \$18.46 | \$0.00 |

| | | | |
|----------------------------|---|---------|---|
| - Payment Summary - | | | As a Health Net member, you have no further |
| Billed | : | \$42.00 | financial responsibility for this claim. |
| Nonallowed | : | \$23.54 | Services were rendered by a Health Net |
| Allowed | : | \$18.46 | preferred provider. We are glad to be of |
| Health Net Paid | : | \$18.46 | service to you. |

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Hosp. Sept. 2002.

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. :
Group Number : 520
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
JERREE A STROH, M.D.
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 09-08-02 | PATHOLOGY | \$7.50 | \$4.08 23 | \$3.42 | \$0.00 |
| 09-08-02 | PATHOLOGY | \$11.50 | \$8.28 23 | \$3.22 | \$0.00 |
| 09-08-02 | PATHOLOGY | \$9.50 | \$6.17 23 | \$3.33 | \$0.00 |
| 09-08-02 | PATHOLOGY | \$5.75 | \$3.40 23 | \$2.35 | \$0.00 |
| | | \$34.25 | \$21.93 | \$12.32 | \$0.00 |

| | | | |
|---------------------|---|---------|---|
| - Payment Summary - | | | As a Health Net member, you have no further |
| Billed | : | \$34.25 | financial responsibility for this claim. |
| Nonallowed | : | \$21.93 | Services were rendered by a Health Net |
| Allowed | : | \$12.32 | preferred provider. We are glad to be of |
| Health Net Paid | : | \$12.32 | service to you. |

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Hospital Sept. 2002

*SEE EXPLANATION OF CODES ON REVERSE SIDE

2019471R00113254POS21066406317



Health Net

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
JERREE A STROH, M.D.
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 09-08-02 | PATHOLOGY | \$7.50 | \$2.25 23 | \$5.25 | \$0.00 |
| 09-09-02 | PATHOLOGY | \$3.00 | \$0.66 23 | \$2.34 | \$0.00 |
| 09-09-02 | PATHOLOGY | \$5.25 | \$0.00 | \$5.25 | \$0.00 |
| 09-09-02 | PATHOLOGY | \$10.00 | \$7.28 23 | \$2.72 | \$0.00 |
| | | \$25.75 | \$10.19 | \$15.56 | \$0.00 |

- Payment Summary -

| | | | |
|-----------------|---|---------|---|
| Billed | : | \$25.75 | As a Health Net member, you have no further financial responsibility for this claim. |
| Nonallowed | : | \$10.19 | Services were rendered by a Health Net preferred provider. We are glad to be of service to you. |
| Allowed | : | \$15.56 | |
| Health Net Paid | : | \$15.56 | |

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Hospital Sept. 2002

*SEE EXPLANATION OF CODES ON REVERSE SIDE



Health Net

EXPLANATION OF BENEFITS

*** THIS IS NOT A BILL ***

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. : P
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
JERREE A STROW, M.D
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 09-08-02 | PATHOLOGY | \$36.25 | \$30.92 23 | \$5.33 | \$0.00 |
| 09-08-02 | PATHOLOGY | \$5.25 | \$3.49 23 | \$1.76 | \$0.00 |
| 09-08-02 | PATHOLOGY | \$10.00 | \$7.28 23 | \$2.72 | \$0.00 |
| 09-08-02 | PATHOLOGY | \$5.25 | \$3.49 23 | \$1.76 | \$0.00 |
| | | \$56.75 | \$45.18 | \$11.57 | \$0.00 |

| | | |
|----------------------------|-----------|---|
| - Payment Summary - | | As a Health Net member, you have no further |
| Billed | : \$56.75 | financial responsibility for this claim. |
| Nonallowed | : \$45.18 | Services were rendered by a Health Net |
| Allowed | : \$11.57 | preferred provider. We are glad to be of |
| Health Net Paid | : \$11.57 | service to you. |

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Cont.

SEE EXPLANATION OF CODES ON REVERSE SIDE

2019473R00113254P0521046006317





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. : R00113254
Group Number : 92080A
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
JERREE A STROH, M.D.
Provider ID :

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 09-09-02 | PATHOLOGY | \$7.50 | \$2.25 23 | \$5.25 | \$0.00 |
| 09-09-02 | PATHOLOGY | \$5.25 | \$3.49 23 | \$1.76 | \$0.00 |
| 09-09-02 | PATHOLOGY | \$13.50 | \$6.84 23 | \$6.66 | \$0.00 |
| 09-11-02 | PATHOLOGY | \$10.00 | \$7.28 23 | \$2.72 | \$0.00 |
| 09-11-02 | INTEREST | \$0.83 | \$0.00 | \$0.83 | \$0.00 |
| | | \$37.08 | \$19.86 | \$17.22 | \$0.00 |

- Payment Summary -
Billed : \$37.08
Nonallowed : \$19.86
Allowed : \$17.22
Health Net Paid : \$17.22

As a Health Net member, you have no further financial responsibility for this claim. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Cont.

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*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
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VAN NUYS, CA 91410-0223
1-800-839-2172

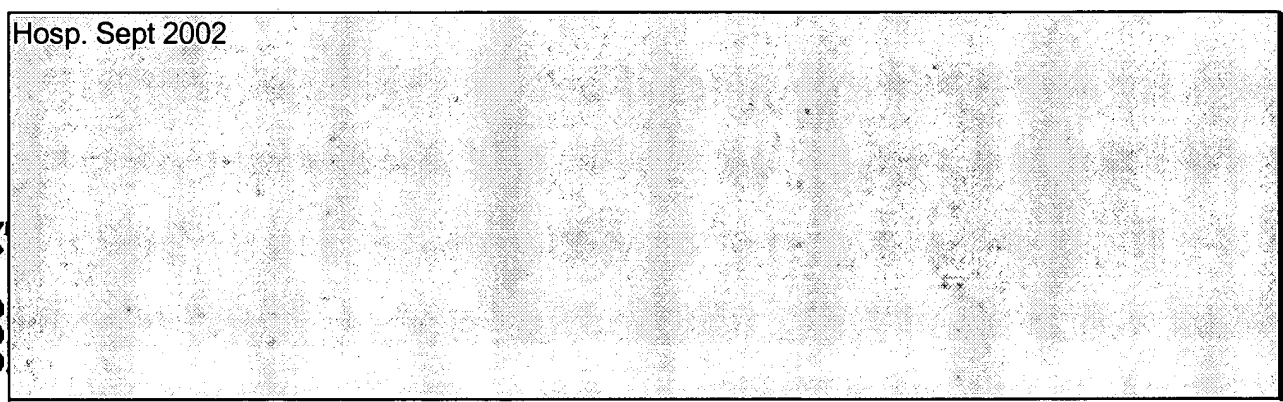
RA Number :
Claim Id : 2003102
Process Date : 04-15-2003
Reference Num. : R00113254
Group Number : 92080A
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
JERREE A STROH, M.D.
Provider ID :

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 09-11-02 | PATHOLOGY | \$7.50 | \$2.25 23 | \$5.25 | \$0.00 |
| | | \$7.50 | \$2.25 | \$5.25 | \$0.00 |

| | | | |
|---------------------|---|--------|--|
| - Payment Summary - | | | As a Health Net member, you have no further financial responsibility for this claim. Services were rendered by a Health Net preferred provider. We are glad to be of service to you. |
| Billed | : | \$7.50 | |
| Nonallowed | : | \$2.25 | |
| Allowed | : | \$5.25 | |
| Health Net Paid | : | \$5.25 | |

| Description of Nonallowed Codes/Remarks |
|--|
| 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member. |



Pay
P
200
200
200

Hosp. Sept 2002

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* * * * * A BILL * * *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
CRAIG B MIZES, M.D.
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 09-07-02 | ERPHYSICIAN | \$220.00 | \$131.49 23 | \$88.51 | \$0.00 |
| 09-08-02 | PROFSERVICE | \$125.00 | \$73.22 23 | \$51.78 | \$0.00 |
| 09-09-02 | PROFSERVICE | \$80.00 | \$48.50 23 | \$31.50 | \$0.00 |
| | | \$425.00 | \$253.21 | \$171.79 | \$0.00 |

- Payment Summary -
Billed : \$425.00
Nonallowed : \$253.21
Allowed : \$171.79
Member's Responsibility :
Coinsurance : \$34.36
Health Net Paid : \$137.43

The member's responsibility is for \$34.36 payable to CRAIG B MIZES, M.D. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Hosp. Sept. 2002

Pa

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*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IEP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
OM P CHAURASIA, M.D., INC.
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 09-08-02 | PROFSERVICE | \$350.00 | \$187.89 23 | \$162.11 | \$0.00 |
| 09-09-02 | PROFSERVICE | \$160.00 | \$94.41 23 | \$65.59 | \$0.00 |
| 09-10-02 | PROFSERVICE | \$110.00 | \$63.97 23 | \$46.03 | \$0.00 |
| | | \$620.00 | \$346.27 | \$273.73 | \$0.00 |

- Payment Summary -
Billed : \$620.00
Nonallowed : \$346.27
Allowed : \$273.73
Health Net Paid : \$273.73

As a Health Net member, you have no further financial responsibility for this claim. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Hosp. Sept. 2002

P
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*SEE EXPLANATION OF CODES ON REVERSE SIDE

0419449R00113254POS21866646316



Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id : 2003-
Process Date : 04-15-2003
Reference Num. :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
MICHAEL I MIYAMOTO, M.D.
Provider ID : 95-2794408AI

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 08-03-02 | PATHOLOGY | \$126.00 | \$74.14 23 | \$51.86 | \$0.00 |
| 08-03-02 | PATHOLOGY | \$72.00 | \$50.53 23 | \$21.47 | \$0.00 |
| 08-03-02 | PATHOLOGY | \$24.00 | \$19.74 23 | \$4.26 | \$0.00 |
| | | \$222.00 | \$144.41 | \$77.59 | \$0.00 |

- Payment Summary -
Billed : \$222.00
Nonallowed : \$144.41
Allowed : \$77.59
Health Net Paid : \$77.59

As a Health Net member, you have no further financial responsibility for this claim. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Prior to first Hosp. Aug. 2002

Payment
Provid

2002-Mex
2002-Far
2002-Mex

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Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjv 'mer'

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number : C
Claim Id : 2000
Process Date : 04-15-2003
Reference Num. :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
GLENN R SLOCUM, M.D.
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 09-08-02 | RADIOLOGY | \$52.00 | \$34.93 23 | \$17.07 | \$0.00 |
| 09-08-02 | RADIOLOGY | \$199.00 | \$134.60 23 | \$64.40 | \$0.00 |
| 09-08-02 | RADIOLOGY | \$105.00 | \$46.07 23 | \$58.93 | \$0.00 |

\$356.00 \$215.60 \$140.40 \$0.00

- Payment Summary -
Billed : \$356.00
Nonallowed : \$215.60
Allowed : \$140.40
Health Net Paid : \$140.40

As a Health Net member, you have no further financial responsibility for this claim. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 95-2662029 R \$140.40

2002-Member Deductible to Date \$1,000.00
2002-Family Deductible to Date \$1,322.84
2002-Member Coinsurance to Date \$3,000.00 Lifetime Paid: \$11,148.60

SEE EXPLANATION OF CODES ON REVERSE SIDE

0019447R00113254POS2104606376



Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
PATHOLOGY CONSULTANTS MEDICAL
Provider ID : 91-1879977 K

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 09-11-02 | PATHOLOGY | \$667.50 | \$339.90 24 | \$327.60 | \$0.00 |
| 09-11-02 | PATHOLOGY | \$45.00 | \$3.00 24 | \$42.00 | \$0.00 |
| | | \$712.50 | \$342.90 | \$369.60 | \$0.00 |

- Payment Summary -
Billed : \$712.50
Nonallowed : \$342.90
Allowed : \$369.60
Health Net Paid : \$369.60

As a Health Net member, you have no further financial responsibility for this claim. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

24 - Non-allowable amount is not the responsibility of the member. See Remarks

Payment(s) Issued To:
Provider 91-1879977 K \$369.60

2002-Member Deductible to Date \$1,000.00
2002-Family Deductible to Date \$1,322.84
2002-Member Coinsurance to Date \$3,000.00 Lifetime Paid: \$12,046.07

*SEE EXPLANATION OF CODES ON REVERSE SIDE

0019446800113254P0321066006316



Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of 2003010-CH4-052

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. : P
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
PETER M ROTHENBERG, M.D.
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 09-10-02 | PROFSERVICE | \$250.00 | \$250.00 49 | \$0.00 | \$0.00 |
| 09-11-02 | PROFSERVICE | \$125.00 | \$43.01 23 | \$81.99 | \$0.00 |
| 09-12-02 | PROFSERVICE | \$175.00 | \$77.15 23 | \$97.85 | \$0.00 |

\$550.00 \$370.16 \$179.84 \$0.00

- Payment Summary -
Billed : \$550.00
Nonallowed : \$370.16
Allowed : \$179.84
Health Net Paid : \$179.84

As a Health Net member, you have no further financial responsibility for this claim. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

- 49 - There is no allowance for this procedure due to coding and billing guidelines. The non-allowable amount is not the responsibility of the member.
- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 33-0436090 A \$179.84

2002-Member Deductible to Date \$1,000.00
2002-Family Deductible to Date \$1,322.84
2002-Member Coinsurance to Date \$3,000.00 Lifetime Paid: \$11,676.47

*SEE EXPLANATION OF CODES ON REVERSE SIDE

0019455280113254P0321866006316



Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. : R
Group Number : 9
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
PETER M ROTHENBERG, M.D.
Provider ID :

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 09-06-02 | PROFSERVICE | \$325.00 | \$122.36 23 | \$202.64 | \$0.00 |
| 09-06-02 | PATHOLOGY | \$35.00 | \$35.00 37 | \$0.00 | \$0.00 |
| 09-06-02 | PROFSERVICE | \$250.00 | \$250.00 49 | \$0.00 | \$0.00 |
| 09-07-02 | PROFSERVICE | \$375.00 | \$129.03 23 | \$245.97 | \$0.00 |
| 09-09-02 | PROFSERVICE | \$250.00 | \$250.00 49 | \$0.00 | \$0.00 |
| 09-10-02 | PROFSERVICE | \$125.00 | \$43.01 23 | \$81.99 | \$0.00 |
| | | \$1,360.00 | \$829.40 | \$530.60 | \$0.00 |

- Payment Summary -
Billed : \$1,360.00
Nonallowed : \$829.40
Allowed : \$530.60
Member's Responsibility
Coinsurance : \$106.12
Health Net Paid : \$424.48

The member's responsibility is for \$106.12 payable to PETER M ROTHENBERG, M.D. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.
- 37 - The allowance for this procedure has been adjusted per coding and billing guidelines. The non-allowable amount is not the responsibility of the member.
- 49 - There is no allowance for this procedure due to coding and billing guidelines. The non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 33-0436090 A \$424.48

2002-Member Deductible to Date \$1,000.00
2002-Family Deductible to Date \$1,322.84
2002-Member Coinsurance to Date \$2,918.58 Lifetime Paid: \$6,451.95

*SEE EXPLANATION OF CODES ON REVERSE SIDE

0029456R00113254P0521066004316



Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IEP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of 2003010-CH4-033

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number : C
Claim Id : 200310
Process Date : 04-15-2003
Reference Num. : P0011225
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
LABORATORY CORP OF AMERICA-S.D
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 07-30-02 | PATHOLOGY | \$2.71 | \$0.00 | \$2.71 | \$0.00 |
| 07-30-02 | PATHOLOGY | \$2.71 | \$0.00 | \$2.71 | \$0.00 |
| 07-30-02 | PATHOLOGY | \$2.71 | \$0.00 | \$2.71 | \$0.00 |
| 07-30-02 | PATHOLOGY | \$12.53 | \$2.53 23 | \$10.00 | \$0.00 |
| 07-30-02 | PATHOLOGY | \$2.71 | \$0.00 | \$2.71 | \$0.00 |
| 07-30-02 | PATHOLOGY | \$2.71 | \$0.00 | \$2.71 | \$0.00 |
| | | \$26.08 | \$2.53 | \$23.55 | \$0.00 |

| | | |
|----------------------------|-----------|---|
| - Payment Summary - | | As a Health Net member, you have no further |
| Billed | : \$26.08 | financial responsibility for this claim. |
| Nonallowed | : \$2.53 | Services were rendered by a Health Net |
| Allowed | : \$23.55 | preferred provider. We are glad to be of |
| Health Net Paid | : \$23.55 | service to you. |

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 84-0611484 A \$23.55

| | | |
|---------------------------------|------------|----------------------------|
| 2002-Member Deductible to Date | \$1,000.00 | |
| 2002-Family Deductible to Date | \$1,322.84 | |
| 2002-Member Coinsurance to Date | \$3,000.00 | Lifetime Paid: \$14,637.70 |

*SEE EXPLANATION OF CODES ON REVERSE SIDE

0019453R00113254P0521066006316





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of 2

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
LABORATORY CORP OF AMERICA-S.D
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 10-02-02 | PATHOLOGY | \$97.21 | \$97.21 49 | \$0.00 | \$0.00 |
| 10-02-02 | PATHOLOGY | \$31.43 | \$0.00 | \$31.43 | \$0.00 |
| 10-02-02 | PATHOLOGY | \$23.85 | \$23.85 49 | \$0.00 | \$0.00 |
| 10-02-02 | PATHOLOGY | \$16.11 | \$11.11 23 | \$5.00 | \$0.00 |
| | | \$168.60 | \$132.17 | \$36.43 | \$0.00 |

| | | |
|----------------------------|------------|---|
| - Payment Summary - | | As a Health Net member, you have no further |
| Billed | : \$168.60 | financial responsibility for this claim. |
| Nonallowed | : \$132.17 | Services were rendered by a Health Net |
| Allowed | : \$36.43 | preferred provider. We are glad to be of |
| Health Net Paid | : \$36.43 | service to you. |

Description of Nonallowed Codes/Remarks

- 49 - There is no allowance for this procedure due to coding and billing guidelines. The non-allowable amount is not the responsibility of the member.
- 23 - The billed amount exceeds Health Net's contractual agreement. non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 84-0611484 A \$36.43

2002-Member Deductible to Date \$1,000.00
2002-Family Deductible to Date \$1,322.84
2002-Member Coinsurance to Date \$3,000.00 Lifetime Paid: \$12,493.82

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IEP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of : 759

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num.
Group Number : 920
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
LABORATORY CORP OF AMERICA-S.D
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 10-02-02 | PATHOLOGY | \$97.21 | \$58.69 23 | \$38.52 | \$0.00 |
| 10-02-02 | PATHOLOGY | \$31.43 | \$0.00 | \$31.43 | \$0.00 |
| | | \$128.64 | \$58.69 | \$69.95 | \$0.00 |

- Payment Summary -

| | | | |
|-----------------|---|----------|---|
| Billed | : | \$128.64 | As a Health Net member, you have no further financial responsibility for this claim. |
| Nonallowed | : | \$58.69 | Services were rendered by a Health Net preferred provider. We are glad to be of service to you. |
| Allowed | : | \$69.95 | |
| Health Net Paid | : | \$69.95 | |

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 84-0611484 A \$69.95

2002-Member Deductible to Date \$1,000.00
2002-Family Deductible to Date \$1,322.84
2002-Member Coinsurance to Date \$3,000.00 Lifetime Paid: \$12,428.54

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

*** THIS IS NOT A BILL ***

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. : P00112254
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
LABORATORY CORP OF AMF S.D
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 10-02-02 | PATHOLOGY | \$97.21 | \$97.21 49 | \$0.00 | \$0.00 |
| 10-02-02 | PATHOLOGY | \$31.43 | \$0.00 | \$31.43 | \$0.00 |
| 10-02-02 | PATHOLOGY | \$23.85 | \$23.85 49 | \$0.00 | \$0.00 |
| 10-02-02 | PATHOLOGY | \$16.11 | \$11.11 23 | \$5.00 | \$0.00 |
| | | \$168.60 | \$132.17 | \$36.43 | \$0.00 |

| | | | |
|----------------------------|---|----------|--|
| - Payment Summary - | | | As a Health Net member, you have no further financial responsibility for this claim. Services were rendered by a Health Net preferred provider. We are glad to be of service to you. |
| Billed | : | \$168.60 | |
| Nonallowed | : | \$132.17 | |
| Allowed | : | \$36.43 | |
| Health Net Paid | : | \$36.43 | |

Description of Nonallowed Codes/Remarks

- 49 - There is no allowance for this procedure due to coding and billing guidelines. The non-allowable amount is not the responsibility of the member.
- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 84-0611484 A \$36.43

| | | |
|---------------------------------|------------|----------------------------|
| 2002-Member Deductible to Date | \$1,000.00 | |
| 2002-Family Deductible to Date | \$1,322.84 | |
| 2002-Member Coinsurance to Date | \$3,000.00 | Lifetime Paid: \$12,493.82 |

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of -

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number
Claim Id :
Process Date : 04-15-2003
Reference Num. :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
LABORATORY CORP OF AMERICA-S.
Provider ID : 8

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 10-02-02 | PATHOLOGY | \$23.85 | \$0.00 | \$23.85 | \$0.00 |
| 10-02-02 | PATHOLOGY | \$16.11 | \$11.11 23 | \$5.00 | \$0.00 |
| | | \$39.96 | \$11.11 | \$28.85 | \$0.00 |

- Payment Summary -

Billed : \$39.96
Nonallowed : \$11.11
Allowed : \$28.85
Health Net Paid : \$28.85

As a Health Net member, you have no further financial responsibility for this claim. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 84-0611484 A \$28.85

2002-Member Deductible to Date \$1,000.00
2002-Family Deductible to Date \$1,322.84
2002-Member Coinsurance to Date \$3,000.00 Lifetime Paid: \$12,457.39

*SEE EXPLANATION OF CODES ON REVERSE SIDE

0019451R00113254P0521064006316

STATEMENT

IF PAYING BY MASTERCARD OR VISA
FILL OUT BELOW

| | | | |
|------------------------------------|----------------|-------------------------------------|-------------------------------|
| CHECK CARD USING FOR PAYMENT | | <input type="checkbox"/> MASTERCARD | <input type="checkbox"/> VISA |
| CARD NUMBER | | AMOUNT | |
| SIGNATURE | | EXP. DATE | |
| 9/18/02 | | 1805.00 | |
| STATEMENT DATE | ACCOUNT NUMBER | PAY THIS AMOUNT | |

MAKE CHECK PAYABLE TO

MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

OFFICE HOURS: MON. THRU FRI. 10:00 AM TO 3:00 PM
PHONE #: 949 843-3346

0000054353 *****AUTO** 3-DIGIT 926
19889783
DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

13869783
MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

☐ Please check box if above address is incorrect or insurance
information has changed and indicate change(s) on reverse side.

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK
PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

| STATEMENT DATE | ACCOUNT NUMBER | DIAGNOSIS CODE | PATIENT |
|----------------|----------------|----------------|--------------|
| 9/18/02 | 13889783 | 794.6 | DONALD FEUER |

| DATE | CPT | DESCRIPTION | AMOUNT |
|----------|-------|----------------------|----------|
| 08/06/02 | 88307 | SURG PATH:LEVEL V | 190.00 |
| 08/06/02 | 88313 | SPECIAL STAIN ORP II | 40.00 |
| 08/10/02 | 88305 | SURG PATH:LEVEL IV | 1,050.00 |
| 08/28/02 | 88305 | SURG PATH:LEVEL IV | 525.00 |

| | | | |
|---|--|--|---------------|
| YOUR ACCOUNT HAS BEEN OUTSTANDING FOR 30 DAYS. IF INSURANCE WAS BILLED, PLEASE CONTACT YOUR CARRIER REGARDING PAYMENT. OR REMIT YOUR PAYMENT BY RETURN MAIL. | | | AMOUNT DUE |
| | | | 1805.00 |

SERVICES RENDERED BY: MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

PRIMARY INS: HEALTHNET SELECT POS
SECONDARY INS:

PHONE #: 6
TAX ID: 6
REFERRING PHYSICIAN: KO, ANDREW 92691

Mission Hospital

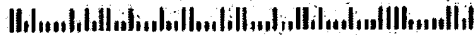
ST. JOSEPH
HEALTH SYSTEM

27700 Medical Center Road
Mission Viejo, CA 92691-9966

Statement is for services provided at:
Mission Hospital Regional Medical Center

DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE CA 92673-2737

135



Mission Hospital

ST. JOSEPH
HEALTH SYSTEM

27700 Medical Center Road
Mission Viejo, CA 92691-9966

Statement is for services provided at:
Mission Hospital Regional Medical Center

DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE CA 92673-2737

137



| | |
|-----------------|----------------|
| PATIENT'S NAME | |
| DONALD FEUER | |
| DATE OF SERVICE | ACCOUNT NUMBER |
| 08/26/02 | -- |

IMPORTANT MESSAGE ABOUT YOUR ACCOUNT

YOUR INSURANCE HAS MADE PAYMENT. WE WOULD APPRECIATE YOUR PAYMENT IN FULL. FINANCIAL ARRANGEMENTS ARE NEGOTIATED BY CONTACTING OUR CREDIT DEPARTMENT IMMEDIATELY. THANK YOU.

Questions about your bill?

| | |
|-----------------|----------------|
| PATIENT'S NAME | |
| DONALD FEUER | |
| DATE OF SERVICE | ACCOUNT NUMBER |
| 08/26/02 | |

IMPORTANT MESSAGE ABOUT YOUR ACCOUNT

WE HAVE BILLED YOUR INSURANCE AND A BALANCE IS STILL OUTSTANDING. PLEASE CONTACT YOUR INSURANCE COMPANY TO ENSURE PROMPT PAYMENT. THANK YOU.

Questions about your bill?

PLEASE CONTACT: (949) 365-2197

| POSTING DATE | DESCRIPTION | AMOUNT |
|----------------|-----------------|------------------------------|
| 04/29/03 | Balance Forward | 666.85 |
| | | |
| STATEMENT DATE | ACCOUNT BALANCE | ESTIMATED DUE FROM INSURANCE |
| 05/30/03 | 666.85 | 166.71 |
| | | AMOUNT DUE FROM PATIENT |
| | | 500.14 |

PHYSICIANS CHARGES ARE BILLED SEPARATELY.

Please refer to the back of this statement for other important billing information.

Please Pay > \$ 500.14
Pay By Date > 06/30/03

STATEMENT

IF PAYING BY MASTERCARD OR VISA,
FILL OUT BELOW

| | | | |
|----------------------------------|----------------|-----------------|------|
| CHECK CARD USAR FOR PAY/EN | | MASTERCARD | VISA |
| CARD NUMBER | | AMOUNT | |
| SIGNATURE | | EXP. DATE | |
| 11/14/02 | | 35.00 | |
| STATEMENT DATE | ACCOUNT NUMBER | PAY THIS AMOUNT | |

MISSION INTERNAL MED. GRP. INC
27451 LOS ALTOS #100
MISSION VIEJO, CA 92691

OFFICE HOURS: MON. THRU FRI. 10:00 AM TO 3:00 PM
PHONE #: 948 643-3346

0000014573 ****AUTO** 3-DIGIT 926

00037891
DONALD S FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

00037891
MISSION INTERNAL MED. GRP. INC
27451 LOS ALTOS #100
MISSION VIEJO, CA 92691

☐ Please check box if above address is incorrect or insurance
information has changed and indicate change(s) on reverse side.

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK
PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

| STATEMENT DATE | ACCOUNT NUMBER | DIAGNOSIS CODE | PATIENT |
|----------------|----------------|----------------|--------------|
| 11/14/02 | | 788.59 | DONALD FEUER |

| DATE | CPT | DESCRIPTION | AMOUNT |
|--|-------|--------------------|------------------------|
| 08/03/02 | 93010 | EKG INTERPRETATION | 35.00 |
| | | | |
| YOUR ACCOUNT HAS BEEN OUTSTANDING FOR 30 DAYS. IF INSURANCE WAS BILLED, PLEASE CONTACT YOUR CARRIER REGARDING PAYMENT OR REMIT YOUR PAYMENT BY RETURN MAIL. | | | AMOUNT DUE 35.00 |

SERVICES RENDERED BY: MISSION INTERNAL MED. GRP. INC
27451 LOS ALTOS #100
MISSION VIEJO, CA 92691

PRIMARY INS: HEALTHNET SELECT POS
SECONDARY INS:

PHONE #: 948 643-3346
TAX ID: 95-2784408
REFERRING PHYSICIAN: MIYAMOTO, MICHAEL I M.D.

STATEMENT

IF PAYING BY MASTERCARD OR VISA
FILL OUT BELOW

| | | | | | |
|-------------------------|--|--------------------------|-------------------------------------|--------------------------|--------------------------|
| CHECK CARD USING FOR | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PAYMENT | | MASTERCARD | | VISA | |
| CARD NUMBER | | | | AMOUNT | |
| SIGNATURE | | | | EXP. DATE | |
| 1/09/03 | | | | 35.00 | |
| STATEMENT DATE | | ACCOUNT NUMBER | | PAY THIS AMOUNT | |

MAKE CHECK PAYABLE TO

MISSION INTERNAL MED. GRP. INC
27451 LOS ALTOS #100
MISSION VIEJO, CA 92691

OFFICE HOURS: MON. THRU FRI. 10:00 AM TO 3:00 PM
PHONE #: 949 843-3348

0000023681 *****AUTO** 3-DIGIT 926

00037891
DONALD S FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

00037891
MISSION INTERNAL MED. GRP. INC
27451 LOS ALTOS #100
MISSION VIEJO, CA 92691

☐ Please check box if above address is incorrect or insurance
information has changed and indicate change(s) on reverse side.

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK
PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

| STATEMENT DATE | ACCOUNT NUMBER | DIAGNOSIS CODE | PATIENT |
|----------------|----------------|----------------|--------------|
| 1/09/03 | 00037891 | 788.59 | DONALD FEUER |

| DATE | CPT | DESCRIPTION | AMOUNT |
|----------|-------|--------------------|--------|
| 08/03/02 | 93010 | EKG INTERPRETATION | 35.00 |

| | | | |
|---|--|--|------------|
| Your insurance has not responded to our requests for payment. Please contact them regarding payment. Thank You. | | | AMOUNT DUE |
| | | | 35.00 |

SERVICES RENDERED BY: MISSION INTERNAL MED. GRP. INC
27451 LOS ALTOS #100
MISSION VIEJO, CA 92691

PRIMARY INS: HEALTHNET SELECT POS
SECONDARY INS:

PHONE #: 949 843-3348
TAX ID: 95-2784408
REFERRING PHYSICIAN: MIYAMOTO, MICHAEL T M.D.

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK
PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

| STATEMENT DATE | ACCOUNT NUMBER | DIAGNOSIS CODE | PATIENT |
|----------------|----------------|----------------|--------------|
| 10/17/02 | | 786.59 | DONALD FEUER |

| DATE | CPT | DESCRIPTION | AMOUNT |
|---|-------|--------------------|------------|
| 08/03/02 | 93010 | EKG INTERPRETATION | 35.00 |
| <p>pd CK 8041 12/10/02</p> | | | |
| | | | |
| For your convenience, we have billed your insurance carrier. If not paid within 30 days, we must look to you for full payment. Thank you. | | | AMOUNT DUE |
| | | | 35.00 |

SERVICES RENDERED BY: MISSION INTERNAL MED. GRP. INC
27481 LOS ALTOS #100
MISSION VIEJO, CA 92891

PRIMARY INS: HEALTHNET SELECT POS
SECONDARY INS:

PHONE F: 849 843-3348
TAX ID: 95-2784408

REFERRING PHYSICIAN: MIYAMOTO, MICHAEL I M.D.



Health Net

EXPLANATION OF BENEFITS

*** THIS IS NOT A BILL ***

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of 2002339-CH4-061

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number : 1
Claim Id : 2
Process Date : 0
Reference Num : R 111
Group Number : 9
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 08-29-02 | PROFSERVICE | \$84.00 | \$21.00 23 | \$63.00 | \$20.00 |
| 08-29-02 | PATHOLOGY | \$18.00 | \$4.50 23 | \$13.50 | \$0.00 |
| 08-29-02 | INTEREST | \$2.80 | \$0.00 | \$2.80 | \$0.00 |

\$104.80 \$25.50 \$79.30 \$20.00

| - Payment Summary - | | | The member's responsibility is for \$33.50 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you. | |
|-------------------------|---|----------|---|--|
| Billed | : | \$104.80 | | |
| Nonallowed | : | \$25.50 | | |
| Allowed | : | \$79.30 | | |
| Member's Responsibility | : | | | |
| Deductible | : | \$13.50 | | |
| Copayment | : | \$20.00 | | |
| Health Net Paid | : | \$45.80 | | |

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: * INTEREST PAID AMOUNT REPRESENTS
15% PER ANNUM, AS INTEREST PAYMENT
TO COMPLY WITH THE PROMPT PAYMENT LEGISLATION.

Payment(s) Issued To:
Provider 95-2653450 A \$45.80

2002-Member Deductible to Date \$309.34
2002-Family Deductible to Date \$1,309.34
2002-Member Coinsurance to Date \$80.00 Lifetime Paid: \$551.24

SEE EXPLANATION OF CODES ON REVERSE SIDE



* THIS IS NOT A BILL *

Adjustment of 2002339-CH4-062

RA Number : C
Claim Id : 2000000000
Process Date : 04-08-2003
Reference Num. : R001100000
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP -
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 09-30-02 | PROFSERVICE | \$131.00 | \$32.41 23 | \$98.59 | \$20.00 |
| 09-30-02 | PATHOLOGY | \$18.00 | \$4.50 23 | \$13.50 | \$0.00 |
| 09-30-02 | INTEREST | \$3.80 | \$0.00 | \$3.80 | \$0.00 |
| | | \$152.80 | \$36.91 | \$115.89 | \$20.00 |

- Payment Summary -

| | | |
|-------------------------|---|----------|
| Billed | : | \$152.80 |
| Nonallowed | : | \$36.91 |
| Allowed | : | \$115.89 |
| Member's Responsibility | | |
| Deductible | : | \$13.50 |
| Copayment | : | \$20.00 |
| Health Net Paid | : | \$82.39 |

The member's responsibility is for \$33.50 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

| Description of Nonallowed Codes/Remarks | |
|---|--|
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23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: * INTEREST PAID AMOUNT REPRESENTS
15. % PER ANNUM, AS INTEREST PAYMENT
TO COMPLY WITH THE PROMPT PAYMENT LEGISLATION.

| | |
|-----------------------|---------|
| Payment(s) Issued To: | |
| Provider 95-2653450 A | \$82.39 |

| | | | |
|---------------------------------|------------|----------------|----------|
| 2002-Member Deductible to Date | \$322.84 | | |
| 2002-Family Deductible to Date | \$1,322.84 | | |
| 2002-Member Coinsurance to Date | \$100.00 | Lifetime Paid: | \$629.83 |



Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 09-30-02 | PROFSERVICE | \$131.00 | \$32.41 23 | \$98.59 | \$0.00 |
| 09-30-02 | PATHOLOGY | \$18.00 | \$4.50 23 | \$13.50 | \$0.00 |
| | | \$149.00 | \$36.91 | \$112.09 | \$0.00 |

- Payment Summary -

Billed : \$149.00
Nonallowed : \$36.91
Allowed : \$112.09
Health Net Paid : \$112.09

As a Health Net member, you have no further financial responsibility for this claim. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider

\$112.09

2002-Member Deductibl to Date \$1,000.00
2002-Family Deductibl to Date \$1,322.84
2002-Member Coinsurai to Date \$3,000.00 Lifetime Paid: \$12,358.59

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id : 03102 000
Process Date : -15-2003
Reference Num. : 0177
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 10-31-02 | PROFSERVICE | \$84.00 | \$21.00 23 | \$63.00 | \$0.00 |
| | | \$84.00 | \$21.00 | \$63.00 | \$0.00 |

- Payment Summary -

| | | | |
|-----------------|---|---------|---|
| Billed | : | \$84.00 | As a Health Net member, you have no further financial responsibility for this claim. |
| Nonallowed | : | \$21.00 | Services were rendered by a Health Net preferred provider. We are glad to be of service to you. |
| Allowed | : | \$63.00 | |
| Health Net Paid | : | \$63.00 | |

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement; non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 95-2653450 A \$63.00

2002-Member Deductible to Date \$1,000.00
2002-Family Deductible to Date \$1,322.84
2002-Member Coinsurance to Date \$3,000.00 Lifetime Paid: \$12,556.82

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

RA Number : L 3307
Claim Id : 2-0001-0001
Process Date : 04-15-2003
Reference Num. : P-
Group Number : 9
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 08-03-02 | PROFSERVICE | \$96.00 | \$30.98 23 | \$65.02 | \$0.00 |
| | | \$96.00 | \$30.98 | \$65.02 | \$0.00 |

- Payment Summary -
Billed : \$96.00
Nonallowed : \$30.98
Allowed : \$65.02
Health Net Paid : \$65.02

As a Health Net member, you have no further financial responsibility for this claim. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:

\$65.02

2002-Member Deductibl to Date \$1,000.00
2002-Family Deductibl to Date \$1,322.84
2002-Member Coinsuran to Date \$3,000.00 Lifetime Paid: \$14,702.72

*SEE EXPLANATION OF CODES ON REVERSE SIDE

2010465200113294POS21066006317



Health Net

EXPLANATION OF BENEFITS

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

THIS IS NOT A BILL *

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. : P
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 08-04-02 | PROFSERVICE | \$96.00 | \$30.98 23 | \$65.02 | \$0.00 |
| 08-04-02 | ERPHYSICIAN | \$35.00 | \$8.75 23 | \$26.25 | \$0.00 |
| | | \$131.00 | \$39.73 | \$91.27 | \$0.00 |

| | | |
|---------------------|----------|---|
| - Payment Summary - | | As a Health Net member, you have no further |
| Billed | \$131.00 | financial responsibility for this claim. |
| Nonallowed | \$39.73 | Services were rendered by a Health Net |
| Allowed | \$91.27 | preferred provider. We are glad to be of |
| Health Net Paid | \$91.27 | service to you. |

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 95-2653450 A \$91.27

| | | |
|---------------------------------|------------|----------------------------|
| 2002-Member Deductible to Date | \$1,000.00 | |
| 2002-Family Deductible to Date | \$1,322.84 | |
| 2002-Member Coinsurance to Date | \$3,000.00 | Lifetime Paid: \$14,871.58 |



SAN CLEMENTE
HOSPITAL & MEDICAL CENTER

654 Camino de los Mares (949) 496-1122

San Clemente, CA 92673 (949) 489-4803

www.sanclementehospital.com

01/02/03

DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92672

Dear DONALD FEUER

Please see remarks. The amount listed below is your account balance.

Donald Feuer

Patient #

Date of Service: 09/07/02

Date of Discharge: 09/12/02

Amount: \$4225.00

Remarks: YOUR INS HAS NOT MADE PAYMENT! PLEASE
CONTACT YOUR INS COMPANY OR YOUR
EMPLOYER. DEDUCTIBLE AND COINSURANCE
IS YOUR RESPONSIBILITY. THANK YOU!

Thank You for choosing San Clemente Hospital for your healthcare needs.

**YOUR INSURANCE
HAS BEEN BILLED**



Health Net

EXPLANATION OF BENEFITS

*** THIS IS NOT A BILL ***

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Attachment of

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. : R0
Group Number : 9
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
JERREE A STROH, M.D.
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 09-07-02 | PATHOLOGY | \$8.50 | \$5.52 23 | \$2.98 | \$0.00 |
| 09-07-02 | PATHOLOGY | \$13.50 | \$6.84 23 | \$6.66 | \$0.00 |
| 09-07-02 | PATHOLOGY | \$12.50 | \$7.13 23 | \$5.37 | \$0.00 |
| 09-07-02 | PATHOLOGY | \$11.50 | \$1.44 23 | \$10.06 | \$0.00 |
| | | \$46.00 | \$20.93 | \$25.07 | \$0.00 |

- Payment Summary -

Billed : \$46.00
Nonallowed : \$20.93
Allowed : \$25.07
Member's Responsibility :
Coinsurance : \$5.01
Health Net Paid : \$20.06

The member's responsibility is for \$5.01 payable to JERREE A STROH, M.D.. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 91-1879977 L \$20.06

2002-Member Deductible to Date \$1,000.00
2002-Family Deductible to Date \$1,322.84
2002-Member Coinsurance to Date \$2,923.59 Lifetime Paid: \$6,472.01

SEE EXPLANATION OF CODES ON REVERSE SIDE



MAKE CHECKS PAYABLE TO:

DIGITAL&RADIOLOGIC IMAGING ASSOCS I
PO BOX 3148
MISSION VIEJO CA 92690-1148

ADDRESS SERVICE REQUESTED

LAST PMT: 12/18/02
AMOUNT: 100.00

☐ Please check box if your address is incorrect or insurance information has changed, please indicate change(s) on reverse side.

ADDRESSEE:

DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE CA 92673

IF PAYING BY MASTERCARD, DISCOVER OR VISA, FILL OUT BELOW.

| | | |
|-------------------------------------|-----------------------------------|-------------------------------|
| CHECK CARD USING FOR PAYMENT | | |
| <input type="checkbox"/> MASTERCARD | <input type="checkbox"/> DISCOVER | <input type="checkbox"/> VISA |
| CARD NUMBER | AMOUNT | |
| SIGNATURE | EXP. DATE | |
| STATEMENT DATE | PAY THIS AMOUNT | ACCT. # |
| 01/15/03 | \$902.55 | |
| PAGE NO. 1 | | SHOW AMOUNT PAID HERE \$ |

REMIT TO:

DIGITAL&RADIOLOGIC IMAGING ASSOCS I
PO BOX 3148
MISSION VIEJO CA 92690-1148

05556948 F486

PLEASE DETACH AT PERF AND RETURN TOP PORTION WITH YOUR PAYMENT

STATEMENT

| Date of Service | Patient | Date Ins Billed | Code | Loc | Description | Diag. | Charge | Insurance Receipts | Patient Receipts | Adjust. | Balance |
|-----------------|---------|-----------------|-------|-----|-------------------------------------|--------|--------|--------------------|------------------|---------|---------|
| 08/03/02 | DONALD | | 62270 | 1 | SPINAL PUNCTURE LUMBAR | 780.6 | 239.00 | | 100.00 | 19.63 | 119.37 |
| 08/03/02 | DONALD | | 76005 | 1 | Patient Coinsurance | | | | | | |
| 08/03/02 | DONALD | | 76005 | 1 | FLUORO GUID/LOC NEEDLE/CATH, SPINE | 780.6 | 101.00 | | | 70.15 | 30.85 |
| 08/03/02 | DONALD | | 76005 | 1 | Patient Coinsurance | | | | | | |
| 08/08/02 | DONALD | 08/20/02 | 74150 | 1 | CT ABDOMEN W/O CONTRAST | 518.0 | 199.00 | | | | 199.00 |
| 08/05/02 | DONALD | | 47000 | 1 | BIOPSY LIVER, PERCUTANEOUS | 573.9 | 437.00 | 251.57 | | 4.25 | 181.18 |
| 08/05/02 | DONALD | | 76942 | 1 | Patient Coinsurance | | | | | | |
| 08/05/02 | DONALD | | 76942 | 1 | US GUIDANCE-NEEDLE PLANT, S & I | 573.9 | 108.00 | 29.11 | | 71.61 | 7.28 |
| 08/05/02 | DONALD | | 76942 | 1 | Patient Coinsurance | | | | | | |
| 08/03/02 | DONALD | 09/10/02 | 70553 | 1 | MRI BRAIN OR HEAD W/ & N/O CONTRAST | 461.2 | 414.00 | | | | 414.00 |
| 09/05/02 | DONALD | | 74245 | 1 | UGI W/ SMALL INTESTINE INCL SERIAL | 560.1 | 153.00 | 35.44 | | 108.67 | 8.87 |
| 09/05/02 | DONALD | | 74245 | 1 | Patient Coinsurance | | | | | | |
| 09/08/02 | DONALD | | 74022 | 8 | ABDOMEN COMPLETE W/PA CHEST | 789.00 | 52.00 | | | | 52.00 |
| 09/08/02 | DONALD | | 74150 | 8 | CT ABDOMEN W/O CONTRAST | 555.9 | 199.00 | | | | 199.00 |
| 09/08/02 | DONALD | | 72192 | 8 | CT PELVIS LIMITED, W/O CONTRAST | 555.9 | 105.00 | | | | 105.00 |

** Payment Due Upon Receipt *** Thank You **

| Current | 30-60 Days | 60-90 Days | 90-120 Days | 120 DAYS + | Total Balance | Ins. Pending | PATIENT DUE |
|---------|------------|------------|-------------|------------|---------------|--------------|-------------|
| 0.00 | | | | | | | \$902.55 |

Location Codes:

- 01 MISSION HOSP REG MED CTR
- 02 MISSION REGIONAL IMAGING CTR
- 03 MISSION REGIONAL IMAGING CTR
- 04 MISSION HOSP TRAUMA CTR
- 05 MISSION HOSP REG MED CTR
- 06 MISSION HOSP REG MED CTR
- 07 WOMEN'S MEDICAL GROUP
- 08 SAN CLEMENTE HOSP MED CTR
- 09 GARDEN GROVE HOSPITAL
- 10 GARDEN GROVE IMAGING CTR
- 11 MISSION REGIONAL IMAGING CTR
- 12 COMMUNITY ORTHOPEDIC MED CTR

Message

Please contact us if there is insurance coverage that may cover any of the outstanding services. Thank you for your cooperation.

Make Checks Payable To:

DIGITAL&RADIOLOGIC IMAGING ASSOCS I
PO BOX 3148
MISSION VIEJO CA 92690-1148

Billing Questions

Federal Tax Id

952662029

952662029

| STATEMENT | | | | | | | | | | | |
|-----------------|---------|---------------|-------|-----|-------------------------------------|------|--------|--------------------|------------------|--------|---------|
| Date of Service | Patient | Date Invoiced | Code | Loc | Description | Diag | Charge | Insurance Receipts | Patient Receipts | Adjust | Balance |
| 08/03/02 | DONALD | 08/13/02 | 62270 | 1 | SPINAL PUNCTURE LUMBAR | | 780.6 | 1239.00 | | 19.43 | 219.37 |
| | | | | | Patient Coinsurance | | | | | | |
| 08/03/02 | DONALD | 08/13/02 | 76005 | 1 | FLUORO GUID/LOC NEEDLE/CATH, SPINE | | 780.6 | 101.00 | | 70.15 | 30.85 |
| | | | | | Patient Coinsurance | | | | | | |
| 08/03/02 | DONALD | | 1P461 | 2 | INPATIENT MRI | | 780.6 | | | | |
| 08/08/02 | DONALD | 08/20/02 | 74150 | 1 | CT ABDOMEN W/O CONTRAST | | 518.0 | 199.00 | | | 199.00 |
| 08/05/02 | DONALD | 08/29/02 | 47000 | 1 | BIOPSY LIVER, PERCUTANEOUS | | 573.9 | 437.00 | 21.57 | | 181.18 |
| | | | | | Patient Coinsurance | | | | | | |
| 08/05/02 | DONALD | 08/29/02 | 76942 | 1 | US GUIDANCE NEEDLE PLANT, S & I | | 573.9 | 108.00 | 29.11 | 71.61 | 7.28 |
| | | | | | Patient Coinsurance | | | | | | |
| 08/03/02 | DONALD | 09/10/02 | 70553 | 1 | MRI BRAIN OR HEAD W/ & W/O CONTRAST | | 461.2 | 414.00 | | | 414.00 |
| 09/05/02 | DONALD | 09/24/02 | 74245 | 1 | UGT W/ SMALL INTESTINE INCL SERIAL | | 560.1 | 153.00 | 35.46 | 108.67 | 8.87 |
| | | | | | Patient Coinsurance | | | | | | |
| 09/08/02 | DONALD | 10/10/02 | 74022 | 8 | ABDOMEN COMPLETE W/PA CHEST | | 789.00 | 52.00 | | | 52.00 |
| 09/08/02 | DONALD | 10/10/02 | 74150 | 8 | CT ABDOMEN W/O CONTRAST | | 555.9 | 199.00 | | | 199.00 |
| 09/08/02 | DONALD | 10/10/02 | 72192 | 8 | CT PELVIS LIMITED W/O CONTRAST | | 555.9 | 105.00 | | | 105.00 |

**** Balance is OVERDUE - Please Remit or Contact us Immediately ****

| Current | 30-60 Days | 60-90 Days | 90-120 Days | 120 DAYS + | Total Balance | Ins Pending | PATIENT DUE |
|---------|------------|------------|-------------|------------|---------------|-------------|-------------|
| 197.33 | | | 0.00 | 0.00 | 1416.55 | 770.00 | \$646.55 |

Location Codes:

- 01 MISSION HOSP REG MED CTR
- 02 MISSION REGIONAL IMAGING CTR
- 03 MISSION REGIONAL IMAGING CTR
- 04 MISSION HOSP TRAUMA CTR
- 05 MISSION HOSP REG MED CTR
- 06 MISSION HOSP REG MED CTR
- 07 WOMEN'S MEDICAL GROUP
- 08 SAN CLEMENTE HOSP MED CTR

PD # 100-
12/10/02

Message

We have undergone a system conversion which enables us to send you one statement for all service locations. If you have questions, please contact us at the number below.

Make Checks Payable To:

DIGITAL&RADIOLOGIC IMAGING ASSOCS I
PO BOX 3148
MISSION VIEJO CA 92690-1148

Billing Questions

(949) 348-1103

Federal Tax Id

| DATE | Patient | Office | Code | Dr | Description | Diag | Charge | Insurance Receipts | Patient Receipts | Adjust | Balance |
|----------|---------|----------|-------|-----|-------------------------------------|------|--------|--------------------|------------------|--------|---------|
| 08/03/02 | DONALD | | 76005 | 49 | FLUORO GUID/LOC NEEDLE/CATH SPINE | | 780.6 | 101.00 | 30.63 | 70.15 | 22.22 |
| | | | | | Patient Coinsurance | | | | | | |
| 08/08/02 | DONALD | 08/20/02 | 74150 | 119 | CT ABDOMEN W/O CONTRAST | | 518.0 | 199.00 | | | 199.00 |
| 08/05/02 | DONALD | | 47000 | 4 | BIOPSY LIVER PERCUTANEOUS | | 573.9 | 437.00 | 251.57 | 4.25 | 181.18 |
| | | | | | Patient Coinsurance | | | | | | |
| 08/05/02 | DONALD | | 76942 | 4 | US GUIDANCE-NEEDLE PLGHT, S & I | | 573.9 | 108.00 | 29.11 | 71.61 | 7.28 |
| | | | | | Patient Coinsurance | | | | | | |
| 08/03/02 | DONALD | 05/01/03 | 70553 | 5 | MRI BRAIN OR HEAD W/ & W/O CONTRAST | | 461.2 | 416.00 | | 416.00 | |
| 09/05/02 | DONALD | | 74265 | 10 | UGI W/ SMALL INTESTINE INCL SERIAL | | 560.1 | 153.00 | 35.46 | 108.67 | 8.87 |
| | | | | | Patient Coinsurance | | | | | | |

** Payment Due Upon Receipt *** Thank You **

| Current | 30-60 | 90-120 Days | 120 Days + | Total Balance | Ins. Pending | PATIENT DUE |
|---------|-------|-------------|------------|---------------|--------------|-------------|
| | 0.00 | | | | 0.00 | \$396.55 |

Location Codes:

- 01 MISSION REGIONAL REG MED CTR
- 02 MISSION REGIONAL IMAGING CTR
- 03 MISSION REGIONAL IMAGING CTR
- 04 MISSION HOSP TRAUMA CTR
- 05 MISSION HOSP REG MED CTR
- 06 MISSION HOSP REG MED CTR
- 07 WOMEN'S MEDICAL GROUP
- 08 SAN CLEMENTE HOSP MED CTR
- 09 GARDEN GROVE HOSPITAL
- 10 GARDEN GROVE IMAGING CTR
- 11 MISSION REGIONAL IMAGING CTR
- 12 COMMUNITY ORTHOPEDIC MED CTR

Message

*Billing Quest. 263-8625
ext 295*

Make Checks Payable To:

BRIA
PO BOX 3148
MISSION VIEJO, CA 92690-1148

Billing Questions

(949) 475-8814

Federal Tax Id

95-2662020



| Date of Service | Patient | Date Ins Billed | Code | Loc | Description | Diag. | Charge | Insurance Receipts | Patient Receipts | Adjust. | Balance |
|-----------------|---------|-----------------|-------|-----|-------------------------------------|--------|--------|--------------------|------------------|---------|---------|
| 08/03/02 | DONALD | | 62270 | 49 | SPINAL PUNCTURE LUMBAR | 780.6 | 239.00 | | 100.00 | 19.63 | 119.37 |
| 08/03/02 | DONALD | | 76005 | 49 | FLURO GUID/LOC NEEDLE/CATH, SPINE | 780.6 | 101.00 | | | 70.15 | 30.85 |
| 08/08/02 | DONALD | 08/20/02 | 74150 | 119 | Patient Coinsurance | | | | | | |
| 08/05/02 | DONALD | | 47000 | 4 | CT ABDOMEN W/O CONTRAST | 518.0 | 199.00 | | | | 199.00 |
| 08/05/02 | DONALD | | 76942 | 4 | BIOPSY LIVER, PERCUTANEOUS | 573.9 | 437.00 | 251.57 | | 4.25 | 181.18 |
| 08/05/02 | DONALD | | | 4 | Patient Coinsurance | | | | | | |
| 08/05/02 | DONALD | | 76942 | 4 | US GUIDANCE-NEEDLE PLANT, S & I | 573.9 | 108.00 | 29.11 | | 71.61 | 7.28 |
| 08/03/02 | DONALD | | 70553 | 5 | Patient Coinsurance | | | | | | |
| 09/05/02 | DONALD | | 74245 | 10 | MRI BRAIN OR HEAD W/ & W/O CONTRAST | 461.2 | 414.00 | | | | 414.00 |
| 09/05/02 | DONALD | | | 10 | UGI W/ SMALL INTESTINE INCL SERIAL | 560.1 | 153.00 | 35.46 | | 108.67 | 8.87 |
| 09/05/02 | DONALD | | | | Patient Coinsurance | | | | | | |
| 09/08/02 | DONALD | | 74022 | 76 | ABDOMEN COMPLETE W/PA CHEST | 789.00 | 52.00 | | | | 52.00 |
| 09/08/02 | DONALD | | 74150 | 76 | CT ABDOMEN W/O CONTRAST | 555.9 | 199.00 | | | | 199.00 |
| 09/08/02 | DONALD | | 72192 | 76 | CT PELVIS LIMITED, W/O CONTRAST | 555.9 | 105.00 | | | | 105.00 |

** Balance is OVERDUE - Contact us or be Referred to COLLECTION AGENCY **

| Current | 30-60 Days | 60-90 Days | 90-120 Days | 120 DAYS + | Total Balance | Ins. Pending | PATIENT DUE |
|---------|------------|------------|-------------|------------|---------------|--------------|-------------|
| | 0.00 | | | | | | \$1316.55 |

Location Codes:

- 01 MISSION HOSP REG MED CTR
- 02 MISSION REGIONAL IMAGING CTR
- 03 MISSION REGIONAL IMAGING CTR
- 04 MISSION HOSP TRAUMA CTR
- 05 MISSION HOSP REG MED CTR
- 06 MISSION HOSP REG MED CTR
- 07 WOMEN'S MEDICAL GROUP
- 08 SAN CLEMENTE HOSP MED CTR
- 09 GARDEN GROVE HOSPITAL
- 10 GARDEN GROVE IMAGING CTR
- 11 MISSION REGIONAL IMAGING CTR
- 12 COMMUNITY ORTHOPEDIC MED CTR

Message

\$ 910.55

asked Dr. Stedman to provide
will send a new statement and resubmit
the MRI (8/3/02)

Make Checks Payable To:

DRIA-MRIC
PO BOX 3148
MISSION VIEJO CA 92682-1148

Billing Questions

(949) 348-1103

Federal Tax Id

952662029

pa \$100-
8191

PLEASE DETACH AT PERIOD AND RETURN TO POSTION WITH YOUR STATEMENT

STATEMENT

| Date of Service | Patient | Date Ins Billed | Code | Sec | Description | Orig | Charge | Insurance Receipts | Patient Receipts | Adjust | Balance |
|-----------------|---------|-----------------|-------|-----|-------------------------------------|--------|--------|--------------------|------------------|--------|---------|
| 08/03/02 | DONALD | | 62270 | 49 | SPINAL PUNCTURE LUMBAR | 780.6 | 239.00 | | 100.00 | 19.63 | 119.37 |
| | | | | | Patient Coinsurance | | | | | | |
| 08/03/02 | DONALD | | 76005 | 49 | FLUORO GUID/LOC NEEDLE/CATH SPINE | 780.6 | 101.00 | | | 70.15 | 30.85 |
| | | | | | Patient Coinsurance | | | | | | |
| 08/08/02 | DONALD | 08/20/02 | 74150 | 119 | CT ABDOMEN W/O CONTRAST | 518.0 | 199.00 | | | | 199.00 |
| 08/05/02 | DONALD | | 47000 | 4 | BIOPSY LIVER, PERCUTANEOUS | 573.9 | 437.00 | 251.57 | | 4.25 | 181.18 |
| | | | | | Patient Coinsurance | | | | | | |
| 08/05/02 | DONALD | | 76942 | 4 | US GUIDANCE NEEDLE PLCT, S & I | 573.9 | 108.00 | 29.11 | | 71.61 | 7.28 |
| | | | | | Patient Coinsurance | | | | | | |
| 08/03/02 | DONALD | | 70553 | 5 | MRI BRAIN OR HEAD W/ & W/O CONTRAST | 461.2 | 414.00 | | | | 414.00 |
| 09/05/02 | DONALD | | 74245 | 10 | UGI W/ SMALL INTESTINE INCL SERIAL | 560.1 | 153.00 | 35.46 | | 108.67 | 8.87 |
| | | | | | Patient Coinsurance | | | | | | |
| 09/08/02 | DONALD | | 74022 | 76 | ABDOMEN COMPLETE W/PA CHEST | 789.00 | 52.00 | | | | 52.00 |
| 09/08/02 | DONALD | | 74150 | 76 | CT ABDOMEN W/O CONTRAST | 555.9 | 199.00 | | | | 199.00 |
| 09/08/02 | DONALD | | 72192 | 76 | CT PELTS LIMITED W/O CONTRAST | 555.9 | 105.00 | | | | 105.00 |

**** Balance is OVERDUE - Contact us or be Referred to COLLECTION AGENCY ****

| Current | 30-60 Days | 60-90 Days | 90-120 Days | Total Balance | Inc Pending | PATIENT DUE |
|---------|------------|------------|-------------|---------------|-------------|-------------|
| | | | 356.00 | 546.55 | 0.00 | .55 |

Location Codes:

- 01 MISSION HOSP REG MED CTR
- 02 MISSION REGIONAL IMAGING CTR
- 03 MISSION REGIONAL IMAGING CTR
- 04 MISSION HOSP TRAUMA CTR
- 05 MISSION HOSP REG MED CTR
- 06 MISSION HOSP REG MED CTR
- 07 WOMEN'S MEDICAL GROUP
- 08 SAN CLEMENTE HOSP MED CTR
- 09 GARDEN GROVE HOSPITAL
- 10 GARDEN GROVE IMAGING CTR
- 11 MISSION REGIONAL IMAGING CTR
- 12 COMMUNITY ORTHOPEDIC MED CTR

Message

Make Checks Payable To:

DRIA-NRIC
PO BOX 3148
MISSION VIEJO CA 92690-1148

Billing Questions

(949) 263-8625

Federal Tax Id

952862029



Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number : 22...
Claim Id : ...
Process Date : 09-30-2002
Subscriber ID : ...
Group Number : ...
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
JUSTIN H EKUAN, M.D.
Provider ID : ...

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 08-06-02 | PATHOLOGY | \$190.00 | \$115.22 23 | \$74.78 | \$0.00 |
| 08-06-02 | PATHOLOGY | \$40.00 | \$17.50 23 | \$22.50 | \$0.00 |
| | | \$230.00 | \$132.72 | \$97.28 | \$0.00 |

- Payment Summary -
Billed : \$230.00
Nonallowed : ✓ \$132.72
Allowed : ✓ \$97.28
Member's Responsibility :
Coinsurance : \$19.46
Health Net Paid : \$77.82

The member's responsibility is for \$19.46 payable to JUSTIN H EKUAN, M.D.. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: PPO

Payment(s) Issued To:
Provider 95 \$77.82

2002-Member Deductible to Date \$1,000.00
2002-Family Deductible to Date \$1,173.75
2002-Member Coinsurance to Date \$344.78 Lifetime Paid:

*SEE EXPLANATION OF CODES ON REVERSE SIDE



Patient:

Date: 7/10/02

Physician Ordering Transfer:

Physician Accepting Patient:

Receiving Facility: MCH

Diagnosis:

Reason for Transfer:

Vital Signs on Transfer: Time P R BP T

Patient's Condition: ☒ Stable ☐ Unstable ☐ Critical ☐ Serious ☐ FairTransport Mode: ☒ Ambulance ☐ ACLS ☐ Paramedic ☐ Private ☐ OtherCopied: ☒ Nursing notes ☒ Treatment Record ☐ Face Sheet ☐ ECG/LAB/X-RAYS☐ Personal Effects Sent ☒ Next of Kin Notified☒ Hospital Notified Report given to: Time**PHYSICIAN CERTIFICATION: RISKS AND BENEFITS:**

I hereby certify that, based on the examination and information available to me at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical care at another medical facility outweigh the increased risks involved in the patient's (and in the case of pregnancy, to the unborn child's) transfer process. The risks and benefits of a transfer of the patient include:

Risk:

Benefit:

Physician Signature:

Date:

Time:

PATIENT TRANSFER ACKNOWLEDGEMENT AND CONSENT:

Transfer of (name of Patient): FEUER, DON

I understand that I have a right to receive medical screening, examination, and evaluation by a physician, or other appropriate personnel, without regard to my ability to pay, prior to any transfer from this hospital and that I have a right to be informed of the reasons for transfer. I acknowledge that I have received medical screening, examination, and evaluation by a physician, or other appropriate personnel, and that I have been informed of the reasons for my transfer, and agree to the necessity of the transfer.

PATIENT REQUEST FOR TRANSFER:

This is to certify that FEUER, DON a patient who has received services in this hospital, is being transferred at the request of the patient (or the patient's legal representative). I acknowledge that I have been informed of the risk and consequences potentially involved in the transfer, the possible benefits of continuing treatment at this hospital, and the alternatives (if any) to the transfer I am requesting. I hereby release the attending physician, and other physicians involved in the patient's care, the hospital and its agents and employees, from all responsibility for any ill effects which may result from the transfer.

Patient or Legal Representative Signature: [Signature]

Date: 7/10/02

Witness Signature: [Signature]

Time: 6:30

**San Clemente
Hospital & Medical Center**

654 Camino de los Mares
San Clemente, CA 92673

**PATIENT TRANSFER AND
CERTIFICATION FORM**

PATIENT LABEL

E MR# 261-618
FEUER, DON
39Y M 02/26/1962
GENTILE, JOHN F
1567500 0000

09/07/2002

E EMR

SAN CLEMENTE HOSPITAL & MEDICAL CENTER
CITY

FACILITY - Pink



Health Net

Mail: P.O. Box 10196
Van Nuys, CA 91410-0196

I F P / P P O

1-800-839-2172

September 25, 2002

DONALD S FEUER
10 VIA TUNAS
SAN CLEMENTE

CA 92673-2737

SUBJECT: SUBSCRIBER NAME : DONALD S F

SUBSCRIBER SSN :

GROUP: 9

DATE(S) OF SERVICE: 08/07/02-08/21/02 PATIENT: D

TOTAL CHARGE(S): \$3,555.00

CLAIM #: 2

207

PROVIDER: ANDREW C KO, M.D.

PCN: F

11100 WARNER AVE #216

FOUNTAIN VALLEY

CA 92708-7511

(714) 545

Dear Member:

We are in receipt of the claim identified above. Please note that there will be a delay in the processing of this claim as it requires:

Receipt of medical records.

We will keep you informed at regular intervals of the status of your claim. We will also inform you when a determination has been made.

If you have any questions or concerns, please contact Health Net.

Sincerely,

Claims Department

For in and out of hospital service

ANDREW C. KO, M.D.
11100 WARNER AVENUE, #216
FOUNTAIN VALLEY, CA 92708
Office Phone (714) 545-7311

Page: 1

Charges or Payments After
09-27-02 Will Appear
On Next Statement

\$
Amount Enclosed

DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673

| Date | Description | Document | Charges | Credits |
|----------------------------------|----------------------------------|----------|---------|---------|
| 08-07-02 | INPATIENT, CONSULT; COMPLEX 110M | B020807A | 275.00 | |
| 08-08-02 | HOSP CARE-SUBS; HIGH COMPLX 35M | B020808A | 150.00 | |
| 08-09-02 | COLONOSCOPY; DIAGNOSTIC | B020809A | 1200.00 | |
| 08-09-02 | PULSE OXIMETRY; MULTIPLE | B020809B | 120.00 | |
| 08-09-02 | CONSCIOUS SEDATION | B020809C | 120.00 | |
| 08-10-02 | COLONOSCOPY; BIOPSY(IES) | B020810A | 1300.00 | |
| 08-10-02 | PULSE OXIMETRY; MULTIPLE | B020810B | 120.00 | |
| 08-10-02 | CONSCIOUS SEDATION | B020810C | 120.00 | |
| 08-21-02 | OFFICE VISIT; EST PT-COMPLX 40M | B020821A | 150.00 | |
| 08-23-02 | CHECK PAYMENT THANK YOU | B020821A | | -20.00 |
| 08-26-02 | UPPER GI ENDOSCOPY; BIOPSY(IES) | B020826B | 120.00 | |
| 08-26-02 | PULSE OXIMETRY; MULTIPLE | B020826C | 120.00 | |
| 08-26-02 | CONSCIOUS SEDATION | B020826C | 120.00 | |
| 09-03-02 | OFFICE VISIT; EST PT-COMPLX 40M | B020903A | 150.00 | |
| 09-12-02 | CHECK PAYMENT THANK YOU | B020903A | | -20.00 |
| Sincerely, Billing Department | | | | |

| Current | 30 Days | 60 Days | 90 Days | Total Detail | Balance Due |
|---------|---------|---------|---------|-----------------------|-------------|
| 150.00 | 4605.00 | 0.00 | 0.00 | 4755.00 | 4755.00 |
| | | | | Past Due 4605.00 | |
| | | | | Total Balance 4755.00 | |

COASTAL SURGICAL MEDICAL

665 Camino de los Mares #301

San Clemente, CA 92673

(949)364-8959

DON FEUER

10 Via Tunas

San Clemente, CA 92672

OK
sent
into
INS.
9/30/02

| Statement Date | Chart Number | Page |
|----------------|--------------|------|
| 09/18/2002 | | 1 |

Make Checks Payable To:**COASTAL SURGICAL MEDICAL**

665 Camino de los Mares #301

San Clemente, CA 92673

(949)364-8959

| | | | | |
|-----------------------|---------|------|-------------------|------|
| Date of Last Payment: | Amount: | 0.00 | Previous Balance: | 0.00 |
|-----------------------|---------|------|-------------------|------|

| | | |
|--------------------|------------------------|----------|
| Patient: DON FEUER | Chart Number: FEUD0000 | Case: #1 |
|--------------------|------------------------|----------|

| Dates | Procedure | Charge | Paid By Guarantor | Adjustments | Remainder |
|----------|-----------|--------|----------------------|-------------|-----------|
| 09/07/02 | 99284 | 220.00 | | | 220.00 |
| 09/08/02 | 99232 | 125.00 | | | 125.00 |
| 09/09/02 | 99231 | 80.00 | | | 80.00 |

If you have this
Fax Card Back +
Front
To 240-0327
If not Please send print
Thanks

| Amount Due |
|------------|
| 425.00 |

AMOUNT ENCLOSED

FEUER, DONALD
10 VIA TUNAS
SAN CLEMENTE, CA, 92672-0000

PACIFIC TIME 8:30-11:30 A.M.
OFFICE HOURS 1:00- 4:00 P.M.

STM312



Health Net

21600 Ormand Street
Woodlands Hills, CA 91367
Mail P.O. Box 9103
Van Nuys, CA 91409-9103

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO

P.O. BOX 10223

VAN NUYS, CA 91410-0223

1-800-839-2172

DONALD S. FEUER

10 VIA TUNAS

SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 08-14-2002
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
LABORATORY CORP OF AMERICA-S.D
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 07-30-02 | PATHOLOGY | \$2.71 | \$0.00 | \$2.71 | \$0.00 |
| 07-30-02 | PATHOLOGY | \$2.71 | \$0.00 | \$2.71 | \$0.00 |
| 07-30-02 | PATHOLOGY | \$2.71 | \$0.00 | \$2.71 | \$0.00 |
| 07-30-02 | PATHOLOGY | \$12.53 | \$2.53 23 | \$10.00 | \$0.00 |
| 07-30-02 | PATHOLOGY | \$2.71 | \$0.00 | \$2.71 | \$0.00 |
| 07-30-02 | PATHOLOGY | \$2.71 | \$0.00 | \$2.71 | \$0.00 |
| | | \$26.08 | \$2.53 | \$23.55 | \$0.00 |

- Payment Summary -

Billed : \$26.08
Nonallowed : \$2.53
Allowed : \$23.55
Member's Responsibility
Deductible : \$23.55

The member's responsibility is for \$23.55 payable to LABORATORY CORP OF AMERICA-S.D. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

2002-Member Deductible to Date \$238.08
2002-Family Deductible to Date \$293.84
2002-Member Coinsurance to Date \$0.00 Lifetime Paid: \$0.00

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

21540 Otis Road Street
Woodland Hills, CA 91367
Mail: P.O. Box 9103
Van Nuys, CA 91409-9103

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 08-16-2002
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
* Provider Name :
LABORATORY CORP OF AMERICA-S.D
Provider ID : 84-0611484 A

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 08-01-02 | PATHOLOGY | \$12.42 | \$0.00 | \$12.42 | \$0.00 |
| | | \$12.42 | \$0.00 | \$12.42 | \$0.00 |

- Payment Summary -
Billed : \$12.42
Allowed : \$12.42
Member's Responsibility :
Deductible : \$12.42

The member's responsibility is for \$12.42 payable to LABORATORY CORP OF AMERICA-S.D. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

| | | | |
|---------------------------------|----------|----------------|--------|
| 2002-Member Deductible to Date | \$277.78 | | |
| 2002-Family Deductible to Date | \$333.54 | | |
| 2002-Member Coinsurance to Date | \$0.00 | Lifetime Paid: | \$0.00 |

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

21600 Ormand Street
Woodland Hills, CA 91367
HEALTH P.O. Box 9163
Van Nuys, CA 91409-9163

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 08-23-2007
Subscriber ID : 1
Group Number : 9
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
LABORATORY CORP OF AMERICA-S.D
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NOT ALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPI AMOUNT |
|-------------------------------|--------------------|------------------|----------------------------|-------------------|----------------|
| 08-02-02 | PATHOLOGY | \$21.41 | \$0.00 | \$21.41 | \$0.00 |
| | | \$21.41 | \$0.00 | \$21.41 | \$0.00 |

- Payment Summary -
Billed : \$21.41
Allowed : \$21.41
Member's Responsibility :
Deductible : \$21.41

The member's responsibility is for \$21.41 payable to LABORATORY CORP OF AMERICA-S.D.. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

2002-Member Deductible to Date \$784.42
2002-Family Deductible to Date \$840.18
2002-Member Coinsurance to Date \$0.00 Lifetime Paid: \$0.00

SEE EXPLANATION OF CODES ON REVERSE SIDE



Health Net

21600 Oxnard Street
Woodland Hills, CA 91367
Mail P.O. Box 9103
Van Nuys, CA 91409-9103

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO

P.O. BOX 10223

VAN NUYS, CA 91410-0223

1-800-839-2172

DONALD S. FEUER

10 VIA TUNAS

SAN CLEMENTE, CA 92673-2737

RA Number : 272234

Claim Id : J2223 00

Process Date : 08-15-2002

Subscriber ID :

Group Number :

Subscriber Name:
DONALD S FEUER

Patient Name :
DONALD S FEUER

Provider Name :
LABORATORY CORP OF AMERICA-S.D

Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 07-30-02 | PATHOLOGY | \$2.71 | \$0.00 | \$2.71 | \$0.00 |
| 07-30-02 | PATHOLOGY | \$16.11 | \$11.11 23 | \$5.00 | \$0.00 |
| 07-30-02 | PATHOLOGY | \$10.73 | \$9.58 23 | \$7.15 | \$0.00 |
| 07-30-02 | PATHOLOGY | \$12.42 | \$0.00 | \$12.42 | \$0.00 |
| | | \$41.97 | \$14.69 | \$27.28 | \$0.00 |

- Payment Summary -

Billed : \$41.97
Nonallowed : \$14.69
Allowed : \$27.28
Member's Responsibility
Deductible : \$27.28

The member's responsibility is for \$27.28 payable to LABORATORY CORP OF AMERICA-S.D. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

2002-Member Deductible to Date \$265.36
2002-Family Deductible to Date \$321.12
2002-Member Coinsurance to Date \$0.00

Lifetime Paid: \$0.00

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

21600 Oxnard Street
Woodland Hills, CA 91367
Mail: P.O. Box 9103
Van Nuys, CA 91409-9103

EXPLANATION OF BENEFITS

*** THIS IS NOT A BILL ***

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 08-27-2002
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name
DONALD S FEUER
Provider Name
LABORATORY CORP OF AMERICA-S.D
Provider ID : 84-0611484 A

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 08-02-02 | PATHOLOGY | \$34.82 | \$0.00 | \$34.82 | \$0.00 |
| 08-02-02 | PATHOLOGY | \$23.15 | \$6.45 23 | \$16.70 | \$0.00 |
| 08-02-02 | PATHOLOGY | \$21.41 | \$21.41 114 | \$0.00 | \$0.00 |
| | | \$79.38 | \$27.86 | \$51.52 | \$0.00 |

- Payment Summary -
Billed : \$79.38
Nonallowed : \$27.86
Allowed : \$51.52
Member's Responsibility
Deductible : \$51.52
Non-Covered Chgs : \$21.41

The member's responsibility is for \$72.93 payable to LABORATORY CORP OF AMERICA-S.D. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.
- 114 - This charge has been previously considered or is a duplicate service from the same day.

2002-Member Deductible to Date \$881.71
2002-Family Deductible to Date \$937.47
2002-Member Coinsurance to Date \$0.00 Lifetime Paid: \$0.00

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

21600 Oxford Street
Woodland Hills, CA 91367
Mail: P.O. Box 5103
Van Nuys, CA 91409-9103

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IEP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id : 2002240-NL 3
Process Date : 08-29-2002
Subscriber ID :
Group Number : 9. 30A
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL NC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 07-19-02 | RADIOLOGY | \$180.00 | \$75.51 23 | \$104.49 | \$0.00 |
| | | \$180.00 | \$75.51 | \$104.49 | \$0.00 |

- Payment Summary -
Billed : \$180.00
Nonallowed : \$75.51
Allowed : \$104.49
Member's Responsibility
Deductible : \$104.49

The member's responsibility is for \$104.49 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: ATTENDING PHYSICIAN IS DR MORCOS NADAR

2002-Member Deductible to Date \$160.25
2002-Family Deductible to Date \$1,041.96
2002-Member Coinsurance to Date \$0.00 Lifetime Paid: \$0.00

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

21600 Oxford Street
Woodland Hills, CA 91367
Attn: P.O. Box 9183
Van Nuys, CA 91409-9183

EXPLANATION OF BENEFITS

*** THIS IS NOT A BILL ***

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 08-30-2002
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
SHELDON L ZIDE M D
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 08-08-02 | RADIOLOGY | \$199.00 | \$0.00 | \$199.00 | \$0.00 |
| | | \$199.00 | \$0.00 | \$199.00 | \$0.00 |

| | | |
|-------------------------|------------|---|
| - Payment Summary - | | The member's responsibility is for \$199.00 |
| Billed | : \$199.00 | payable to SHELDON L ZIDE, M.D.. |
| Allowed | : \$199.00 | Services were rendered by a non-participating |
| Member's Responsibility | | provider. |
| Deductible | : \$199.00 | We are glad to be of service to you. |

| | | | |
|---------------------------------|----------|----------------|--------|
| 2002-Member Deductible to Date | \$763.01 | | |
| 2002-Family Deductible to Date | \$818.77 | | |
| 2002-Member Coinsurance to Date | \$0.00 | Lifetime Paid: | \$0.00 |

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 09-10-2002
Subscriber ID : 1
Group Number : 9
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | CO. AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|---------------|
| 08-01-02 | PROFSERVICE | \$131.00 | \$32.41 23 | \$98.59 | \$20.00 |
| 08-01-02 | PATHOLOGY | \$18.00 | \$4.50 23 | \$13.50 | \$0.00 |
| | | \$149.00 | \$36.91 | \$112.09 | \$20.00 |

- Payment Summary -

Billed : \$149.00
Nonallowed : \$36.91
Allowed : \$112.09
Member's Responsibility :
Deductible : \$13.50
Copayment : \$20.00
Health Net Paid : \$78.59

The member's responsibility is for \$33.50 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: MARK STOECKER MD

Payment(s) Issued To:

\$78.59

2002-Member deductible to Date : \$173.75
2002-Family deductible to Date : \$1,055.46
2002-Member insurance to Date : \$20.00 Lifetime Paid: \$78.59

SEE EXPLANATION OF CODES ON REVERSE SIDE

40001002003143-50-2433POS93357



Health Net

IPP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

RA Number :
Claim Id : 2
Process Date : 09-02-2002
Subscriber ID : 1
Group Number : 94
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
PHILLIP A ROBINSON
Provider ID : 1

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | TOTAL AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 08-02-02 | PROFSERVICE | \$387.00 | \$154.56 23 \$52.66 19 | \$179.78 | \$20.00 |
| | | \$387.00 | \$207.22 | \$179.78 | \$20.00 |

- Payment Summary -

Billed : \$387.00
Nonallowed : \$207.22
Allowed : \$179.78
Member's Responsibility :
Copayment : \$20.00
Health Net Paid : \$159.78

The member's responsibility is for \$20.00 payable to PHILLIP A ROBINSON, M.D.. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.
- 19 - Office visit re-coded to match the diagnosis billed. Charges reduced, please do not bill the member.

Remarks: 99245 reduced to 99244

Payment(s) Issued To:

Provider 33-0783137 A \$159.78

2002-Member Deductible to Date \$881.71
2002-Family Deductible to Date \$1,041.96
2002-Member Coinsurance to Date \$20.00 Lifetime Paid: \$159.78

*SEE EXPLANATION OF CODES ON REVERSE SIDE

20001001416143-50-2633P0577272





Health Net

21600 Ormond Street
Woodland Hills, CA 91367
Mail: P.O. Box 9103
Van Nuys, CA 91409-9103

EXPLANATION OF BENEFITS

*** THIS IS NOT A BILL ***

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 08-09-2002
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
ELLIOTT J WAGNER, M.D.
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 07-23-02 | RADIOLOGY | \$242.00 | \$173.93 23 | \$68.07 | \$0.00 |
| | | \$242.00 | \$173.93 | \$68.07 | \$0.00 |

- Payment Summary -

Billed : \$242.00
Nonallowed : \$173.93
Allowed : \$68.07
Member's Responsibility
Deductible : \$68.07

The member's responsibility is for \$68.07 payable to ELLIOTT J WAGNER, M.D.. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.**

2002-Member Deductible to Date \$214.53
2002-Family Deductible to Date \$270.29
2002-Member Coinsurance to Date \$0.00 **Lifetime Paid: \$0.00**

***SEE EXPLANATION OF CODES ON REVERSE SIDE**

20001000060143-58-2633P0644034





Health Net

21600 Orchard Street
Woodland Hills, CA 91367
Attn: P.O. Box 9103
Van Nuys, CA 91409-9103

EXPLANATION OF BENEFITS

*** THIS IS NOT A BILL ***

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 08-17-2002
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
MICHAEL T FORINO, M.D.
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 08-03-02 | SURGERY | \$239.00 | \$19.63 23 | \$219.37 | \$0.00 |
| 08-03-02 | RADIOLOGY | \$101.00 | \$70.15 23 | \$30.85 | \$0.00 |
| | | \$340.00 | \$89.78 | <u>\$250.22</u> | \$0.00 |

- Payment Summary -
Billed : \$340.00
Nonallowed : \$89.78
Allowed : \$250.22
Member's Responsibility :
Deductible : \$250.22

The member's responsibility is for \$250.22 payable to MICHAEL T FORINO, M.D. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

2002-Member Deductible to Date \$528.00
2002-Family Deductible to Date \$583.76
2002-Member Coinsurance to Date \$0.00 Lifetime Paid: \$0.00

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

21600 Orchard Street
Woodland Hills, CA 91367
Health P.O. Box 9100
Van Nuys, CA 91409-9100

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IEP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date :
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
UNILAB
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 06-21-02 | PATHOLOGY | \$65.04 | \$53.34 23 | \$11.70 | \$0.00 |
| 06-21-02 | PATHOLOGY | \$19.50 | \$19.50 37 | \$0.00 | \$0.00 |
| 06-21-02 | PATHOLOGY | \$8.21 | \$0.89 23 | \$7.32 | \$0.00 |
| 06-21-02 | PATHOLOGY | \$31.50 | \$20.50 23 | \$11.00 | \$0.00 |
| | | \$124.25 | \$94.23 | \$30.02 | \$0.00 |

| | | |
|-------------------------|------------|---|
| - Payment Summary - | | The member's responsibility is for \$30.02 payable to UNILAB. |
| Billed | : \$124.25 | Services were rendered by a Health Net preferred provider. We are glad to be of service to you. |
| Nonallowed | : \$94.23 | |
| Allowed | : \$30.02 | |
| Member's Responsibility | : | |
| Deductible | : \$30.02 | |

Description of Nonallowed Codes/Remarks

- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.
- 37 - The allowance for this procedure has been adjusted per coding and billing guidelines. The non-allowable amount is not the responsibility of the member.

| | | | |
|---------------------------------|---------|----------------|--------|
| 2002-Member Deductible to Date | \$30.02 | | |
| 2002-Family Deductible to Date | \$30.02 | | |
| 2002-Member Coinsurance to Date | \$0.00 | Lifetime Paid: | \$0.00 |

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

21600 Grand Street
Woodland Hills, CA 91367
Mail: P.O. Box 9103
Van Nuys, CA 91409-9103

EXPLANATION OF BENEFITS

• THIS IS NOT A BILL •

IFP/PPO

P.O. BOX 10223

VAN NUYS, CA 91410-0223

1-800-839-2172

Adjustment of 2002196-CC9-117

DONALD S. FEUER

10 VIA TUNAS

SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 07-30-2002
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER JR.
Provider Name :
LYNN STANTON, M.D.
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 06-17-02 | PROFSERVICE | \$85.00 | \$29.24 54 | \$55.76 | \$0.00 |
| | | \$85.00 | \$29.24 | \$55.76 | \$0.00 |

- Payment Summary -

Billed : \$85.00
Nonallowed : \$29.24
Allowed : \$55.76
Member's Responsibility
Deductible : \$55.76
Non-Covered Chgs : \$29.24

The member's responsibility is for \$85.00 payable to LYNN STANTON, M.D.
Services were rendered by a non-participating provider.
We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

54 - Amount exceeds the RBRVS allowed under this plan.

Adel
8/6/02 To be amended to reflect PPO plan

2002-Member Deductible to Date \$55.76
2002-Family Deductible to Date \$85.78
2002-Member Coinsurance to Date \$0.00 Lifetime Paid: \$0.00

SEE EXPLANATION OF CODES ON REVERSE SIDE

44001002021143-58-2633P0630729



PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK
PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

| STATEMENT DATE | ACCOUNT NUMBER | DIAGNOSIS CODE | PATIENT |
|----------------|----------------|----------------|--------------|
| 10/17/02 | | 784.8 | DONALD FEUER |

| DATE | CPT | DESCRIPTION | AMOUNT |
|----------|-------|----------------------|----------|
| 08/06/02 | 88307 | SURG PATH: LEVEL V | 190.00 |
| 08/06/02 | 88313 | SPECIAL STAIN GRP II | 40.00 |
| 10/07/02 | 849 | PPO PAYMENT | 77.82- |
| 10/07/02 | 841 | PPO DISALLOW | 132.72- |
| 08/10/02 | 88305 | SURG PATH: LEVEL IV | 1,050.00 |
| 08/26/02 | 88305 | SURG PATH: LEVEL IV | 525.00 |

pd \$100
Balance = 1494.46

| | |
|--|---------------|
| YOUR ACCOUNT HAS BEEN OUTSTANDING FOR 30 DAYS. IF INSURANCE WAS BILLED, PLEASE CONTACT YOUR CARRIER REGARDING PAYMENT OR REMIT YOUR PAYMENT BY RETURN MAIL. | AMOUNT DUE |
| | 1594.48 |

SERVICES RENDERED BY: MISSION PATHOLOGY MED ASSOC
P.O. BOX 7620
LAGUNA NIGUEL, CA 92607-7620

PRIMARY INS: HEALTHNET OPTIONS
SECONDARY INS:

PHONE #: 949 843-3348
TAX ID: 95-2648499

REFERRING PHYSICIAN: KO, ANDREW 92691

EX-1578



Health Net

IEP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

EXPLANATION OF BENEFIT

EXHIBIT

B

* THIS IS NOT A BILL

RA Number :
Claim Id :
Process Date : 04-08-2007
Reference Num. :
Group Number : 9
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 02-17-03 | PROFSERVICE | \$84.00 | \$22.67 23 | \$61.33 | \$20.00 |
| | | \$84.00 | \$22.67 | \$61.33 | \$20.00 |

- Payment Summary -

Billed : \$84.00
Nonallowed : \$22.67
Allowed : \$61.33
Member's Responsibility :
Copayment : \$20.00
Health Net Paid : \$41.33

The member's responsibility is for \$20.00 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 95-2653450 A \$41.33

2003-Member Deductible to Date \$0.00
2003-Family Deductible to Date \$0.00
2003-Member Coinsurance to Date \$20.00 Lifetime Paid: \$714.16

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 04-08-2003
Reference Num. : R00113254
Group Number : 92200A
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 03-20-03 | PROFSERVICE | \$84.00 | \$21.67 23 | \$62.33 | \$25.00 |
| | | \$84.00 | \$21.67 | \$62.33 | \$25.00 |

- Payment Summary -
Billed : \$84.00
Nonallowed : \$21.67
Allowed : \$62.33
Member's Responsibility
Copayment : \$25.00
Health Net Paid : \$37.33

The member's responsibility is for \$25.00 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 95-2653450 A \$37.33

2003-Member Deductible to Date \$0.00
2003-Family Deductible to Date \$0.00
2003-Member Coinsurance to Date \$45.00 Lifetime Paid: \$751.49

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

RA Number :
Claim Id :
Process Date : 04-15-2003
Reference Num. :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 02-27-03 | PROFSERVICE | \$84.00 | \$22.67 23 | \$61.33 | \$20.00 |
| 02-27-03 | PATHOLOGY | \$18.00 | \$4.50 23 | \$13.50 | \$0.00 |

\$102.00 \$27.17 \$74.83 \$20.00

| | | |
|----------------------------|----------|---|
| - Payment Summary - | | The member's responsibility is for \$33.50 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you. |
| Billed | \$102.00 | |
| Nonallowed | \$27.17 | |
| Allowed | \$74.83 | |
| Member's Responsibility | | |
| Deductible | \$13.50 | |
| Copayment | \$20.00 | |
| Health Net Paid | \$41.33 | |

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 95-2653450 A \$41.33

2003-Member Deductible to Date \$13.50
2003-Family Deductible to Date \$13.50
2003-Member Coinsurance to Date \$20.00 Lifetime Paid: \$14,871.58

*SEE EXPLANATION OF CODES ON REVERSE SIDE.



SAN CLEMENTE
HOSPITAL & MEDICAL CENTER

February 14, 2003

RE: ac

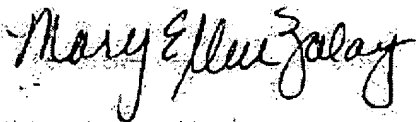
Date of Service: 9/7/2002 to 9/12/2002

Amount: 32,772.73

Dear Mr. Feuer,

I have just spoken to Anisha @ Health Net claims. She says there are several claims waiting for medical records from your physician, Dr Michael Miyamoto with phone number 364-3570. Please call him and have the records sent to your insurance company so these claims can get processed.

Sincerely,



Mary Ellen Zalay
Business Office
San Clemente Hospital
(949) 489-4941

Bill from San Clemente Hospital for 5 day stay and dispute with insurance company. Insurance company finally started paying after months of disputes, and this also helped in delaying treatment.

SAN CLEMENTE
HOSPITAL & MEDICAL CENTER

January 23, 2003

Donald S. Feuer
10 Via Tunas
San Clemente, Ca 92672

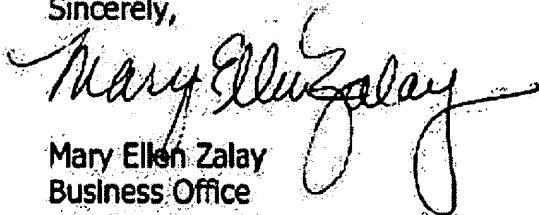
RE: date of service: 9/7/02 - 9/12/02
Account:
Amount: 32,772.73

Dear Donald,

I have just spoken to Jana at Health Net claims department. They are waiting for medical records from your previous physician in order to process the claim. According to your insurance, they have contacted the doctor for these records several times. As to date, no records have been received. They need these to determine if this was a pre-existing condition or not.

Please contact this doctor, if you haven't already, to assist us in getting this claim paid. I attach the last letter we have received from Health Net.

Sincerely,



Mary Ellen Zalay
Business Office
San Clemente Hospital
(949) 489-4941

SAN CLEMENTE
HOSPITAL & MEDICAL CENTER

654 Camino de los Mares (949) 496-1122
San Clemente, CA 92673 (949) 489-4803
www.sanclementehospital.com

01/30/03

DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92672

Dear DONALD FEUER

Please see remarks. The amount listed below is your account balance.

Donald Feuer

Patient Number:

Date of Service: 09/07/02

Date of Discharge: 09/12/02

Balance: \$4225.00

Remarks:

YOUR INSURANCE HAS NOT PAID!
PLEASE CONTACT THEM IMMEDIATELY TO
RESOLVE THIS MATTER. DEDUCTIBLE AND
COINSURANCE IS YOUR RESPONSIBILITY.

Thank You for choosing San Clemente Hospital for your healthcare needs.

POSTED

Don and Kathleen Feuer
10 Via Tunas
San Clemente, CA 92673

April 2, 2003

Health Net PPO
Attn: Barbara Fowler
11971 Foundation Place GPC2
Rancho Cordova, CA 95670

Re: Subscriber Name: Donald S. Feuer
Group
Claims: 2

Dear Ms. Fowler:

Please be advised, that we received a call from Dr. Rothenberg on Friday, March 28, 2003, to notify us that their medical claims have not been paid. To date, I have contacted your office regularly, and have complied with each and every request for information.

Secondly, the afore-mentioned claims are dated as early as July of 2002, and are still outstanding. We understand Health Net's interest in doing due diligence to verify claims, etc., however, we believe that Health Net has been given an adequate amount of time to perform their duties. In addition, the doctors who performed the services to Mr. Feuer have been calling our home and are sending the claims to outside collection agencies.

Please note that your delays are causing us a great deal of stress and added hardship, as we contracted with your insurance in good faith, yet, Health Net has not followed it's contractual relationship with us.

Therefore, please be aware that if the claims are not paid within 30 days of today's date, and if we are in any way damaged due to the negligence on the part of Health Net, I will not hesitate to legal action against Health Net for breach of contract, any outstanding claims, attorneys fees and other damages that may arise as a result of this serious delay in handling our claims.

If you have any questions or comments concerning this matter, please do not hesitate to contact the undersigned.

Sincerely,


Kathleen Feuer



Health Net

EXPLANATION OF BENEFITS

*** THIS IS NOT A BILL ***

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 09-23-2003
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID : 95-2653450 A

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 04-18-03 | PROFSERVICE | \$84.00 | \$21.67 23 | \$62.33 | \$25.00 |
| 04-18-03 | INTEREST | \$1.63 | \$0.00 | \$1.63 | \$0.00 |

\$85.63 \$21.67 \$63.96 \$25.00

- Payment Summary -

Billed : \$85.63
Nonallowed : \$21.67
Allowed : \$63.96
Member's Responsibility :
Copayment : \$25.00
Health Net Paid : \$38.96

The member's responsibility is for \$25.00 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Continued Care and treatment

23 - T
r

Remarks:

Payment

2003-Mem
2003-Fam
2003-Mem

SEE EXPLANATION OF CODES ON REVERSE SIDE



Health Net

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

RA Number :
Claim Id :
Process Date : 06-24-2003
Reference Num. :
Group Number :
Subscriber Name :
DONALD S. FEUER
Patient Name :
DONALD S. FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 05-29-03 | PROFSERVICE | \$84.00 | \$21.67 23 | \$62.33 | \$25.00 |

\$84.00 \$21.67 \$62.33 \$25.00

- Payment Summary -

Billed : \$84.00
Nonallowed : \$21.67
Allowed : \$62.33
Member's Responsibility
Copayment : \$25.00
Health Net Paid : \$37.33

The member's responsibility is for \$25.00 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Continued seeing Dr. on either bi-weekly, weekly, or every few day basis.

Remarks

Payment
Pro

2003-
2003-
2003-

*SEE EXPLANATION OF CODES ON REVERSE SIDE

0016763890115254P0547646894858

ST. JOSEPH
HEALTH SYSTEM

ST. JOSEPH
HEALTH SYSTEM

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ST. JOSEPH
HEALTH SYSTEM

DONALD FEUER

DATE OF SERVICE

08/26/02

ACCOUNT NUMBER

AN OUTSTANDING BALANCE REMAINS ON YOUR ACCOUNT AND WE MUST NOW TURN DIRECTLY TO YOU FOR PAYMENT IN FULL. PLEASE CONTACT YOUR INSURANCE CARRIER OR SUBMIT PAYMENT IN FULL TO AVOID FURTHER COLLECTION ACTION. THANK YOU.

Questions about your bill?
PLEASE CONTACT: (949) 365-2197.

PHYSICIANS CHARGES ARE BILLED SEPARATELY.

Please refer to the back of this statement for other important billing information.

Please Pay ➤ \$ 450.14

Pay By Date 08/31/03

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

ST. JOSEPH
HEALTH SYSTEM

CHARGE MY



CARD NO.

CARD EXPIRATION DATE:

**CARDHOLDER
NAME**

SIGNATURE

Amount of payment:

**IF YOUR INSURANCE OR ADDRESS HAS CHANGED
PLEASE COMPLETE REVERSE SIDE AND CHECK BOX**

MAKE CHECKS

PAYABLE TO:

MISSION HOSPITAL REG MEDICAL CTR
Dept LA 21063
Pasadena, CA 91185-1063





Health Net

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

EXPLANATION OF BENEFIT

EXHIBIT

* THIS IS NOT A

RA Number :
Claim Id :
Process Date : 09-30-2003
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 09-04-03 | PROFSERVICE | \$84.00 | \$21.67 23 | \$62.33 | \$25.00 |
| | | \$84.00 | \$21.67 | \$62.33 | \$25.00 |

- Payment Summary -

Billed : \$84.00
Nonallowed : \$21.67
Allowed : \$62.33
Member's Responsibility :
Copayment : \$25.00
Health Net Paid : \$37.33

The member's responsibility is for \$25.00 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: ATN MARK STOECKER MD

Payment(s) Issued To:
Provider 95-2653450 A \$37.33

2003-Member Deductible to Date \$13.50
2003-Family Deductible to Date \$13.50
2003-Member Coinsurance to Date \$95.00 Lifetime Paid: \$24,627.60

SEE EXPLANATION OF CODES ON REVERSE SIDE

4019356R001354 P0566288006378



Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFF/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 10-07-2003
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 09-12-03 | PROFSERVICE | \$35.00 | \$9.28 23 | \$25.72 | \$25.00 |
| | | \$35.00 | \$9.28 | \$25.72 | \$25.00 |

- Payment Summary -
Billed : \$35.00
Nonallowed : \$9.28
Allowed : \$25.72
Member's Responsibility
Copayment : \$25.00
Health Net Paid : \$0.72

The member's responsibility is for \$25.00 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 95-2653450 A \$0.72

2003-Member Deductible to Date \$26.24
2003-Family Deductible to Date \$26.24
2003-Member Coinsurance to Date \$132.74 Lifetime Paid: \$24,628.32

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 10-07-2003
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 09-12-03 | PROFSERVICE | \$35.00 | \$9.28 23 | \$25.72 | \$25.00 |
| | | \$35.00 | \$9.28 | \$25.72 | \$25.00 |

- Payment Summary -
Billed : \$35.00
Nonallowed : \$9.28
Allowed : \$25.72
Member's Responsibility
Copayment : \$25.00
Health Net Paid : \$0.72

The member's responsibility is for \$25.00 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 95-2653450 A \$0.72

2003-Member Deductible to Date \$26.24
2003-Family Deductible to Date \$26.24
2003-Member Coinsurance to Date \$132.74 Lifetime Paid: \$24,628.32

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

*** THIS IS NOT A BILL ***

IFF/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 10-07-2003
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 09-12-03 | PROFSERVICE | \$35.00 | \$9.28 23 | \$25.72 | \$25.00 |
| | | \$35.00 | \$9.28 | \$25.72 | \$25.00 |

- Payment Summary -
Billed : \$35.00
Nonallowed : \$9.28
Allowed : \$25.72
Member's Responsibility
Copayment : \$25.00
Health Net Paid : \$0.72

The member's responsibility is for \$25.00 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 95-2653450 A \$0.72

2003-Member Deductible to Date \$26.24
2003-Family Deductible to Date \$26.24
2003-Member Coinsurance to Date \$132.74 Lifetime Paid: \$24,628.32

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

*** THIS IS NOT A BILL ***

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

RA Number :
Claim Id :
Process Date : 10-01-2003
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 09-10-03 | PATHOLOGY | \$15.00 | \$2.26 23 | \$12.74 | \$0.00 |
| | | \$15.00 | \$2.26 | \$12.74 | \$0.00 |

- Payment Summary -
Billed : \$15.00
Nonallowed : \$2.26
Allowed : \$12.74
Member's Responsibility
Deductible : \$12.74

The member's responsibility is for \$12.74 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: ATTENDING MARK STOECKER

2003-Member Deductible to Date \$26.24
2003-Family Deductible to Date \$26.24
2003-Member Coinsurance to Date \$107.74 Lifetime Paid: \$24,627.60

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

RA Number :
Claim Id :
Process Date : 12-23-2003
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
CORAM HEALTHCARE CORP OF SO CA
Provider ID : 58-2006708 A

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 09-25-03 | HOMEHEALTH | \$674.10 | \$0.00 | \$674.10 | \$0.00 |
| 09-25-03 | HOMEHEALTH | \$674.10 | \$0.00 | \$674.10 | \$0.00 |
| 09-25-03 | HOMEHEALTH | \$674.10 | \$0.00 | \$674.10 | \$0.00 |
| 09-25-03 | HOMEHEALTH | \$674.10 | \$0.00 | \$674.10 | \$0.00 |
| 09-25-03 | HOMEHEALTH | \$299.60 | \$0.00 | \$299.60 | \$0.00 |
| 09-25-03 | HOMEHEALTH | \$674.10 | \$0.00 | \$674.10 | \$0.00 |
| 10-07-03 | HOMEHEALTH | \$90.00 | \$0.00 | \$90.00 | \$0.00 |
| 10-07-03 | HOMEHEALTH | \$3,112.25 | \$0.00 | \$3,112.25 | \$0.00 |
| | | \$6,872.35 | \$0.00 | \$6,872.35 | \$0.00 |

- Payment Summary -

Billed : \$6,872.35
Allowed : \$6,872.35
Health Net Paid : \$6,872.35

As a Health Net member, you have no further financial responsibility for this claim. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Billing for Home Health Care nurse which was actually over a several month period paid for in one sum.



Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IPP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 12-23-2003
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
CORAM HEALTHCARE CORP OF SO CA
Provider ID : 58-2006708 A

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 09-25-03 | HOMEHEALTH | \$674.10 | \$0.00 | \$674.10 | \$0.00 |
| 09-25-03 | HOMEHEALTH | \$674.10 | \$0.00 | \$674.10 | \$0.00 |
| 09-25-03 | HOMEHEALTH | \$674.10 | \$0.00 | \$674.10 | \$0.00 |
| 09-25-03 | HOMEHEALTH | \$674.10 | \$0.00 | \$674.10 | \$0.00 |
| 09-25-03 | HOMEHEALTH | \$299.60 | \$0.00 | \$299.60 | \$0.00 |
| 09-25-03 | HOMEHEALTH | \$674.10 | \$0.00 | \$674.10 | \$0.00 |
| 10-07-03 | HOMEHEALTH | \$90.00 | \$0.00 | \$90.00 | \$0.00 |
| 10-07-03 | HOMEHEALTH | \$3,112.25 | \$0.00 | \$3,112.25 | \$0.00 |
| | | \$6,872.35 | \$0.00 | \$6,872.35 | \$0.00 |

- Payment Summary -

Billed : \$6,872.35
Allowed : \$6,872.35
Health Net Paid : \$6,872.35

As a Health Net member, you have no further financial responsibility for this claim. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Billing for Home Health Care nurse which was actually over a several month period paid for in one sum.

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 10-30-2003
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
LABORATORY CORP OF AMERICA-S.D
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 09-04-03 | PATHOLOGY | \$22.16 | \$7.39 23 | \$14.77 | \$0.00 |
| 09-04-03 | PATHOLOGY | \$16.29 | \$11.29 23 | \$5.00 | \$0.00 |
| | | \$38.45 | \$18.68 | \$19.77 | \$0.00 |

| | | |
|-------------------------|---------|--|
| - Payment Summary - | | The member's responsibility is for \$19.77 |
| Billed | \$38.45 | payable to LABORATORY CORP OF AMERICA-S.D. |
| Nonallowed | \$18.68 | Services were rendered by a Health Net |
| Allowed | \$19.77 | preferred provider. We are glad to be of |
| Member's Responsibility | | service to you. |
| Deductible | \$19.77 | |

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement. non-allowable amount is not the responsibility of the member.

Second hospitalization

| | | |
|---------------------------------|----------|----------------------------|
| 2003-Member Deductible to Date | \$46.01 | |
| 2003-Family Deductible to Date | \$46.01 | |
| 2003-Member Coinsurance to Date | \$152.51 | Lifetime Paid: \$24,628.32 |

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

RA Number :
Claim Id :
Process Date : 12-16-2003
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
SAN CLEMENTE HOSP & MED CTR
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 10-06-03 | OUTPATIENT | \$547.62 | \$136.90 23 | \$410.72 | \$50.00 |
| | | \$547.62 | \$136.90 | \$410.72 | \$50.00 |

- Payment Summary -
Billed : \$547.62
Nonallowed : \$136.90
Allowed : \$410.72
Member's Responsibility
Deductible : \$360.72
Copayment : \$50.00

The member's responsibility is for \$410.72 payable to SAN CLEMENTE HOSP & MED CTR. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

2003-Member Deductible to Date
2003-Family Deductible to Date
2003-Member Coinsurance to Date

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

*** THIS IS NOT A BILL ***

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 12-02-2003
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
NAVJYOT GUJRAL, M.D.
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 10-22-03 | PROFSERVICE | \$335.00 | \$153.60 23 | \$181.40 | \$25.00 |
| | | \$335.00 | \$153.60 | \$181.40 | \$25.00 |

| | | |
|----------------------------|------------|---|
| - Payment Summary - | | The member's responsibility is for \$25.00 payable to NAVJYOT GUJRAL, M.D. |
| Billed | : \$335.00 | Services were rendered by a Health Net preferred provider. We are glad to be of service to you. |
| Nonallowed | : \$153.60 | |
| Allowed | : \$181.40 | |
| Member's Responsibility | | |
| Copayment | : \$25.00 | |
| Health Net Paid | : \$156.40 | |

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 33-0962846 B \$156.40

2003-Member Deductible to Date \$1,000.00
2003-Family Deductible to Date \$1,074.04
2003-Member Coinsurance to Date \$3,628.59 Lifetime Paid: \$33,880.80

*SEE EXPLANATION OF CODES ON REVERSE SIDE



MAKE CHECKS PAYABLE TO:

MVEP MEDICAL GROUP M33
P.O. BOX 660099
ARCADIA, CA 91066-0099

PHYSICIAN: BRIAN J. BEARIE, MD
OFFICE HOURS: MON-FRI 8:30AM - 4:30PM, P.S.T.
FOR BILLING INQUIRIES CALL: TOLL FREE 1-877-346-2455

| | | | | | |
|---------------------|--|-------------------------------|---|-------------------------------------|-----------------------------------|
| CREDIT CARD CHOICES | | <input type="checkbox"/> VISA | <input checked="" type="checkbox"/> M33 | <input type="checkbox"/> MASTERCARD | <input type="checkbox"/> DISCOVER |
| CARD NUMBER | | | | AMOUNT | |
| SIGNATURE | | | | EXP. DATE | |
| ACCOUNT NUMBER | | STATEMENT DATE | | AMOUNT DUE | |

12/09/03 \$ 388.00

A SERVICE FEE WILL BE CHARGED FOR ANY CHECK RETURNED FROM THE BANK UNPAID.

AMOUNT PAID \$

ADDRESSEE:

#BXNDRNO *** BGO1225A 3-DIGIT 926
#BGO2003103143045# 4000014446 02 0011 0082
DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

REMIT TO:

MVEP MEDICAL GROUP M33
P.O. BOX 660099
ARCADIA, CA 91066-0099

☐ Please check box if above address is incorrect or insurance information has changed and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN WITH YOUR PAYMENT

| ACCOUNT NO. | | STATEMENT DATE | | PATIENT NAME | | TAX ID NO. | | PAGE | |
|--|----|----------------|-----------------------------|--|--|------------|----------------|---------------|--|
| | | 12/09/03 | | DONALD FEUER | | 330729128 | | 1 of 1 | |
| DATE | PS | EXAM CODE | SERVICE DESCRIPTION | | | | DIAGNOSIS CODE | CHARGE AMOUNT | |
| 10/31/03 | 23 | 99285 | EMERGENCY PHYSICIAN SERVICE | | | | 788.59 | \$ 388.00 | |
| 10/31/03 | 23 | 94760-26 | NONINVASIVE PULSE OXIMETRY | | | | 788.59 | \$ 32.00 | |
| 11/24/03 | | 813 | CONTRACTUAL ADJUSTMENT | | | | | \$ 32.00- | |
| Total for Claim: | | | | | | | | \$ 388.00 | |
| YOUR INSURANCE CARRIER APPLIED OUR CHARGES TO YOUR DEDUCTIBLE. YOU ARE RESPONSIBLE FOR THIS BALANCE. | | | | | | | | | |
| PS - PLACE OF SERVICE | | | | MVEP MEDICAL GROUP M33 | | | | BALANCE DUE | |
| 21 = INPATIENT HOSPITAL 11 = DOCTOR'S OFFICE 22 = OUTPATIENT 23 = EMERGENCY ROOM | | | | PLACE OF SERVICE : MISSION HOSPITAL E.D. | | | | \$ 388.00 | |

PHYSICIAN: BRIAN J. BEARIE, MD EMPLOYER: BELLATEL
FOR BILLING INQUIRIES CALL: TOLL FREE 1-877-346-2455 PRIMARY INSURANCE: HEALTH NET OPTIONS P
OFFICE HOURS: MON-FRI 8:30AM - 4:30PM, P.S.T. SECONDARY INSURANCE:

THIS DOCUMENT CONTAINS PROTECTED HEALTH CARE INFORMATION AND IS SUBJECT TO PRIVACY REGULATIONS PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS INFORMATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL DOCUMENT TO US AT THE ADDRESS LISTED BELOW, VIA U.S. POSTAL SERVICE. THANK YOU FOR YOUR COOPERATION. FOR MORE INFORMATION REGARDING YOUR PRIVACY RIGHTS, PLEASE WRITE TO: DIRECTOR OF COMPLIANCE, P.O. BOX 651295, ARCADIA, CALIFORNIA, 91066-1295.

MVEP MEDICAL GROUP
P O BOX 660099
ARCADIA, CA 91066-0099

M33

Your insurance carrier applied our
charges to your deductible. You are
responsible for this balance.

ACCOUNT NO.

STATEMENT DATE 11/24/03

DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673

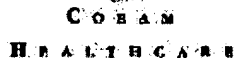
INSURANCE: HEALTH NET OPTIONS P
POLICY ID:
BIRTHDATE:

| DATE | PATIENT | DESCRIPTION | ICD9 | AMOUNT |
|----------|-----------------------------|-------------|------------------------|--------|
| 10/31/03 | DONALD | 99285 | EMERGENCY PHYSICIAN SE | 388.00 |
| | ATN DR: BEARIE, BRIAN J, MD | | REF DR: | |
| 10/31/03 | DONALD | 94760/26 | NONINVASIVE PULSE OXIM | 32.00 |
| | ATN DR: BEARIE, BRIAN J, MD | | REF DR: | |
| 11/24/03 | DONALD | 813 | CONTRACTUAL ADJUSTMENT | 32.00- |

For Emergency Room when hospitalized for 11
days in November, 2003

TOTAL CURRENT \$388.00

GRACE



00042

EJH

PATIENT STATEMENT

DATE: 12/20/03

PAGE 1

DONALD FEUER
10 VIA TUNAS
SAN CLEMENTE CA. 92673

CORAM HEALTH CARE CREDIT MANAGER E.H.
ATT: COORDINATOR
CORAM ALTERNATE SITE SERVICES
1807 Tribute Rd.
Suite B
Sacramento CA 95815
(877)529-7762

PATIENT NAME AND ADDRESS

↑ DIRECT INQUIRIES TO ↑

| CLAIM | | | ACTIVITY | | BALANCE DUE FROM | | |
|---|----------------------|---------------------|-----------|----------------|------------------|---------|----|
| INVOICE NUMBER | DATE OF SERVICE | ORIGINAL BALANCE | DATE LAST | ADJUSTMENT AMT | INSURANCE | PATIENT | MS |
| | 09/23/03 10/07/03 | 6,872.35 | | | 6,872.35 | | |
| <div style="border: 1px solid black; padding: 10px; width: fit-content;"> Home Health Care </div> | | | | | | | |
| | | | | | | | |
| REFER TO REVERSE SIDE FOR STATEMENT EXPLANATION | | | | | 6,872.35 | | |

REFER TO REVERSE SIDE FOR STATEMENT EXPLANATION

PLEASE REMIT PATIENT BALANCE

PLEASE REMIT THIS SECTION WITH PAYMENT

ACCOUNT: 2339641372 DIV: 00042 CMR: EJH

REMIT TO ADDRESS:

CORAM HEALTHCARE CORP OF SO CA
P O BOX 74790
CHICAGO IL 60694-4790

PATIENT INFORMATION

PLEASE CHARGE \$ _____ OF MY BALANCE

TO: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

ACCOUNT NUMBER:

EXPIRATION DATE:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

SIGNATURE: X

FORM NO. DRU-CR406L (7/1)



Health Net

DONALD FEUER
OR LEGAL REPRESENTATIVE
10 VIA TUNAS
SAN CLEMENTE, CA 92673

RE:

Dates of Service: 10/31/2003 - 11/10/2003
Provider Billed Amt: \$ 46,429.79

Dear DONALD FEUER

Health Net has engaged the services of Healthcare Recoveries to conduct hospital bill audits and medical cost management consulting projects on their behalf.

An audit of your patient records is necessary to verify that all hospital charges were billed correctly. Please sign the enclosed authorization and return to HRI.

Thank you in advance for your cooperation.

Sincerely,

Sandra P. Hudson
Director, Claims Management

21500 Granddview, Woodland Hills, California 91367 Telephone: 818-810-6773 Fax: 818-810-8862

Mailing Address: Post Office Box 8103, Van Nuys, California 91409-8103

Bakersfield, Chico, Emeryville, Fremont, Glendale, Irvine, Oakland, Sacramento, San Bernardino, San Diego, San Jose, Santa Monica, Santa Rosa, Torrance, Ventura



Health Net

IEP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-909-3447

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

RA Number
Claim Id
Process Date : 02-24-2004
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
MISSION HOSPITAL REG MED CTR
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 10-31-03/11-10-03 | INPATIENT | \$16,400.00 | \$4,919.99 23 | \$11,480.01 | \$250.00 |
| 10-31-03/11-10-03 | ANCILLARY | \$30,029.79 | \$9,008.94 23 | \$21,020.85 | \$0.00 |
| 11-10-03 | INTEREST | \$496.86 | \$0.00 | \$496.86 | \$0.00 |

\$46,926.65 \$13,928.93 \$32,997.72 \$250.00

- Payment Summary -
Billed : \$46,926.65
Nonallowed : \$13,928.93
Allowed : \$32,997.72
Member's Responsibility
Deductible : \$377.95
Copayment : \$250.00
Coinsurance : \$2,155.51
Previously Paid : \$6,466.54
Health Net Paid : \$23,747.72

The member's responsibility is for \$2,783.46 payable to MISSION HOSPITAL REG MED CTR. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement; non-allowable amount is not the responsibility of the member.

Remarks: ADJUSTMENT TO CLAIM #2003325-CL6-007
* INTEREST PAID AMOUNT REPRESENTS \$15 PER CLAIM OR 15% PER ANNUM, AS INTEREST PAYMENT TO COMPLY WITH THE PROMPT PAYMENT LEGISLATION.

Payment(s) Issued To:
Provider 95-1643360 A \$23,747.72

2003-Member Deductible to Date \$1,000.00
2003-Family Deductible to Date \$1,626.14
2003-Member Coinsurance to Date \$4,000.00 Lifetime Paid: \$67,389.79

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

*** THIS IS NOT A BILL ***

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 12-09-2003
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPA AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|----------------|
| 10-31-03 | PROFSERVICE | \$280.00 | \$151.17 23 | \$128.83 | \$0.00 |
| | | \$280.00 | \$151.17 | \$128.83 | \$0.00 |

- Payment Summary -
Billed : \$280.00
Nonallowed : \$151.17
Allowed : \$128.83
Health Net Paid : \$128.83

As a Health Net member, you have no further financial responsibility for this claim. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider

\$128.83

2003-Member Deductible to Date \$1,000.00
2003-Family Deductible to Date \$1,074.04
2003-Member Coinsurance to Date \$4,000.00
Lifetime Paid: \$35,730.68

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 12-16-2003
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
DIGITAL AND RAD IMAGING ASSO
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 10-31-03 | RADIOLOGY | \$30.00 | \$0.00 | \$30.00 | \$0.00 |
| 11-01-03 | RADIOLOGY | \$214.00 | \$0.00 | \$214.00 | \$0.00 |
| 11-01-03 | RADIOLOGY | \$210.00 | \$0.00 | \$210.00 | \$0.00 |
| 11-01-03 | RADIOLOGY | \$30.00 | \$0.00 | \$30.00 | \$0.00 |
| | | \$484.00 | \$0.00 | \$484.00 | \$0.00 |

- Payment Summary -
Billed : \$484.00 As a Health Net member, you have no further
Allowed : \$484.00 financial responsibility for this claim.
Health Net Paid : \$484.00 Services were rendered by a Health Net
preferred provider. We are glad to be of
service to you.

3rd hospitalization

Remarks: P KIM.

Payment(s) Issued To:
Provider 95-2662029 B \$484.00

2003-Member Deductible to Date \$1,000.00
2003-Family Deductible to Date \$1,074.04
2003-Member Coinsurance to Date \$4,000.00 Lifetime Paid: \$36,461.78

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

RA Number :
Claim Id :
Process Date : 11-20-2003
Subscriber ID : F
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 11-01-03 | PROFSERVICE | \$72.00 | \$33.35 23 | \$38.65 | \$0.00 |
| | | \$72.00 | \$33.35 | \$38.65 | \$0.00 |

- Payment Summary -
Billed : \$72.00
Nonallowed : \$33.35
Allowed : \$38.65
Member's Responsibility
Deductible : \$38.65

The member's responsibility is for \$38.65 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: R.APPEL M.D.

Hospitalization November 2003

2
2
2

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

RA Number :
Claim Id :
Process Date : 12-09-2003
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
NAVJYOT GUJRAL, M.D.
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 11-01-03 | PROFSERVICE | \$226.00 | \$122.91 23 | \$103.09 | \$0.00 |
| 11-02-03 | PROFSERVICE | \$165.00 | \$82.55 23 | \$82.45 | \$0.00 |
| 11-03-03 | PROFSERVICE | \$165.00 | \$82.55 23 | \$82.45 | \$0.00 |

\$556.00 \$288.01 \$267.99 \$0.00

- Payment Summary -

Billed : \$556.00
Nonallowed : \$288.01
Allowed : \$267.99
Member's Responsibility :
Coinsurance : \$66.99
Health Net Paid : \$201.00

The member's responsibility is for \$66.99 payable to NAVJYOT GUJRAL, M.D.. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 33-0962846 B \$201.00

2003-Member Deductible to Date \$1,000.00
2003-Family Deductible to Date \$1,074.04
2003-Member Coinsurance to Date \$3,955.99

Lifetime Paid: \$34,851.35

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

*** THIS IS NOT A BILL ***

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 12-02-2003
Subscriber ID : F
Group Number : S
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
DENISE A HAMILTON, M.D.
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 11-04-03 | ANESTHESIA | \$800.00 | \$410.00 23 | \$390.00 | \$0.00 |
| | | \$800.00 | \$410.00 | \$390.00 | \$0.00 |

| | | |
|----------------------------|----------|---|
| - Payment Summary - | | The member's responsibility is for \$97.50 payable to DENISE A HAMILTON, M.D. Services were rendered by a Health Net preferred provider. We are glad to be of service to you. |
| Billed | \$800.00 | |
| Nonallowed | \$410.00 | |
| Allowed | \$390.00 | |
| Member's Responsibility | | |
| Coinsurance | \$97.50 | |
| Health Net Paid | \$292.50 | |

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

During 3rd hospitalization in Nov. 2003

Payment(
Provid

2003-Mem
2003-Fam
2003-Mem

SEE EXPLANATION OF CODES ON REVERSE SIDE

20161750041354 P0577745084565



Health Net

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

RA Number :
Claim Id : -----
Process Date : 12-02-2003
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/COE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|--------------------------|-------------------|-----------------|
| 11-04-03 | PROFSERVICE | \$72.00 | \$33.35 23 | \$38.65 | \$0.00 |
| | | \$72.00 | \$33.35 | \$38.65 | \$0.00 |

- Payment Summary -

| | | | |
|-------------------------|---|---------|--|
| Billed | : | \$72.00 | The member's responsibility is for \$9.66 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you. |
| Nonallowed | : | \$33.35 | |
| Allowed | : | \$38.65 | |
| Member's Responsibility | : | | |
| Coinsurance | : | \$9.66 | |
| Health Net Paid | : | \$28.99 | |

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: MARK STOECKER MD

Hosp. Nov. 2003

Pa

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20
20

*SEE EXPLANATION OF CODES ON REVERSE SIDE



Health Net

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

RA Number :
Claim Id :
Process Date : 12-09-2003
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
AHMAD M SHABAN, M.D., INC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 11-06-03 | PROFSERVICE | \$230.00 | \$126.91 23 | \$103.09 | \$0.00 |
| 11-07-03 | PROFSERVICE | \$200.00 | \$117.55 23 | \$82.45 | \$0.00 |
| | | \$430.00 | \$244.46 | \$185.54 | \$0.00 |

- Payment Summary -
Billed : \$430.00
Nonallowed : \$244.46
Allowed : \$185.54
Member's Responsibility
Coinsurance : \$46.38
Health Net Paid : \$139.16

The member's responsibility is for \$46.38 payable to AHMAD M SHABAN, M.D., INC.. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider 95-3779222 A \$139.16

2003-Member Deductible to Date \$1,000.00
2003-Family Deductible to Date \$1,074.04
2003-Member Coinsurance to Date \$3,843.48 Lifetime Paid: \$34,525.54

*SEE EXPLANATION OF CODES ON REVERSE SIDE

2019737R081354 P0995244086527





Health Net

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

RA Number :
Claim Id :
Process Date : 12-09-2003
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
MICHAEL J BLUMENFELD, M.D.
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 11-04-03 | PATHOLOGY | \$1,225.00 | \$977.90 23 | \$247.10 | \$0.00 |
| | | \$1,225.00 | \$977.90 | \$247.10 | \$0.00 |

| | | |
|----------------------------|------------|--|
| - Payment Summary - | | As a Health Net member, you have no further financial responsibility for this claim. Services were rendered by a Health Net preferred provider. We are glad to be of service to you. |
| Billed | \$1,225.00 | |
| Nonallowed | \$977.90 | |
| Allowed | \$247.10 | |
| Health Net Paid | \$247.10 | |

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:

\$247.10

| | | | |
|-------------------------|------|------------|----------------------------|
| 2003-Member Deductible | Date | \$1,000.00 | |
| 2003-Family Deductible | Date | \$1,074.04 | |
| 2003-Member Coinsurance | Date | \$4,000.00 | Lifetime Paid: \$35,977.78 |

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 12-02-2003
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 11-07-03 | PROESERVICE | \$96.00 | \$32.15 23 | \$63.85 | \$0.00 |
| | | \$96.00 | \$32.15 | \$63.85 | \$0.00 |

- Payment Summary -

Billed : \$96.00
Nonallowed : \$32.15
Allowed : \$63.85
Member's Responsibility :
Coinsurance : \$15.96
Health Net Paid : \$47.89

The member's responsibility is for \$15.96 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Hospitalization Nov. 2003

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IPP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 12-02-2003
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 11-05-03 | PROFSERVICE | \$96.00 | \$32.15 23 | \$63.85 | \$0.00 |
| | | \$96.00 | \$32.15 | \$63.85 | \$0.00 |

- Payment Summary -
Billed : \$96.00
Nonallowed : \$32.15
Allowed : \$63.85
Member's Responsibility :
Coinsurance : \$15.96
Health Net Paid : \$47.89

The member's responsibility is for \$15.96 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: F KARDAN, MD

Hosp. Nov. 2003

SEE EXPLANATION OF CODES ON REVERSE SIDE

2016178R001354 P0577745004545



Health Net

EXPLANATION OF BENEFITS

*** THIS IS NOT A BILL ***

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 11-20-2003
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 11-02-03 | PROFSERVICE | \$72.00 | \$33.35 23 | \$38.65 | \$0.00 |
| | | \$72.00 | \$33.35 | \$38.65 | \$0.00 |

- Payment Summary -
Billed : \$72.00
Nonallowed : \$33.35
Allowed : \$38.65
Member's Responsibility
Deductible : \$38.65

The member's responsibility is for \$38.65 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Hospitalization Nov. 2003

2
2
2

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

RA Number
Claim Id
Process Date : 12-02-2003
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 11-08-03 | PROFSERVICE | \$96.00 | \$32.15 23 | \$63.85 | \$0.00 |
| | | \$96.00 | \$32.15 | \$63.85 | \$0.00 |

- Payment Summary -

Billed : \$96.00
Nonallowed : \$32.15
Allowed : \$63.85
Member's Responsibility :
Coinsurance : \$15.96
Health Net Paid : \$47.89

The member's responsibility is for \$15.96 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: ATTENDING IS OFFENBERGER TER MD

Hospital Nov.2003

SEE EXPLANATION OF CODES ON REVERSE SIDE

20161768401354 P0577745804565



Health Net

IPP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

EXPLANATION OF BENEFITS

*** THIS IS NOT A BILL ***

RA Number :
Claim Id :
Process Date : 12-02-2003
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :

Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 11-03-03 | PROFSERVICE | \$102.00 | \$26.25 23 | \$75.75 | \$25.00 |
| | | \$102.00 | \$26.25 | \$75.75 | \$25.00 |

- Payment Summary -
Billed : \$102.00
Nonallowed : \$26.25
Allowed : \$75.75
Member's Responsibility
Copayment : \$25.00
Health Net Paid : \$50.75

The member's responsibility is for \$25.00 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: ATTENDING IS GEOR KARAPETIAN

Hosp. Nov. 2003

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

RA Number :
Claim Id :
Process Date : 12-02-2003
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 11-03-03 | PROFSERVICE | \$96.00 | \$32.15 23 | \$63.85 | \$0.00 |
| | | \$96.00 | \$32.15 | \$63.85 | \$0.00 |

- Payment Summary -

| | | | |
|-------------------------|---|---------|---|
| Billed | : | \$96.00 | The member's responsibility is for \$15.96 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you. |
| Nonallowed | : | \$32.15 | |
| Allowed | : | \$63.85 | |
| Member's Responsibility | : | | |
| Coinsurance | : | \$15.96 | |
| Health Net Paid | : | \$47.89 | |

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: ATTENDING = MARK STOCKER M.D.

Payment(s) Issued To:
Provider 95-2653450 A \$47.89

| | | |
|---------------------------------|------------|----------------------------|
| 2003-Member Deductible to Date | \$1,000.00 | |
| 2003-Family Deductible to Date | \$1,074.04 | |
| 2003-Member Coinsurance to Date | \$3,644.55 | Lifetime Paid: \$33,928.69 |

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id : 2000001-00
Process Date : 12-23-2003
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
MICHAEL T FORINO, M.D.
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 11-06-03 | RADIOLOGY | \$79.00 | \$53.40 23 | \$25.60 | \$0.00 |
| | | \$79.00 | \$53.40 | \$25.60 | \$0.00 |

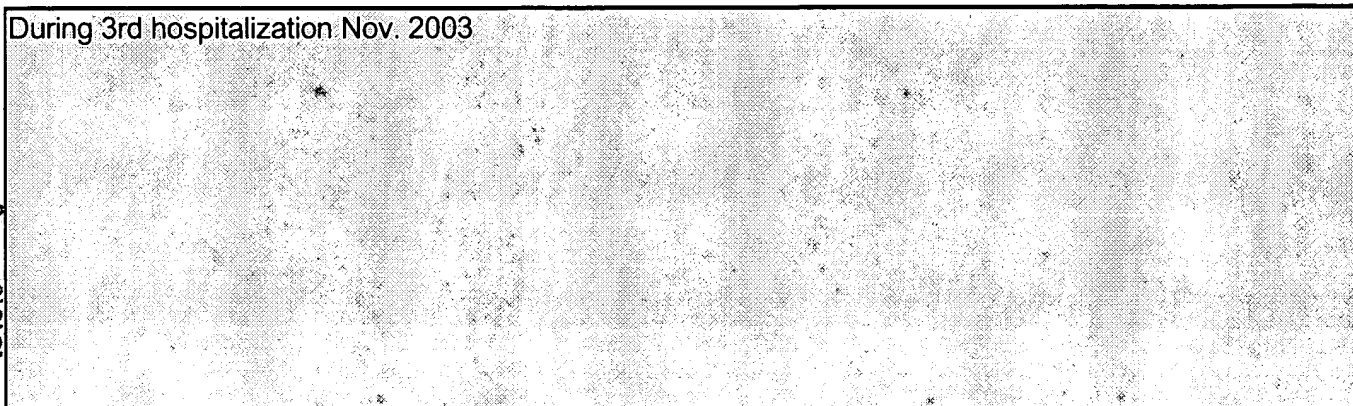
- Payment Summary -
Billed : \$79.00
Nonallowed : \$53.40
Allowed : \$25.60
Health Net Paid : \$25.60

As a Health Net member, you have no further financial responsibility for this claim. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

During 3rd hospitalization Nov. 2003



EXPLANATION OF CODES ON REVERSE SIDE



Health Net

EXPLANATION OF BENEFITS

*** THIS IS NOT A BILL ***

IEP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

RA Number :
Claim Id :
Process Date : 12-09-2003
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
AHMAD M SHABAN M.D. INC.
Provider ID :

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 11-07-03 | RADIOLOGY | \$1,700.00 | \$1,582.26 23 | \$117.74 | \$0.00 |
| | | \$1,700.00 | \$1,582.26 | \$117.74 | \$0.00 |

- Payment Summary -
Billed : \$1,700.00
Nonallowed : \$1,582.26
Allowed : \$117.74
Member's Responsibility :
Coinsurance : \$29.43
Health Net Paid : \$88.31

The member's responsibility is for \$29.43 payable to AHMAD M SHABAN, M.D., INC.. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: G0262 replaced by G0262-26

Payment(s) Issued To:
Provider \$88.31

2003-Member Deductible to Date \$1,000.00
2003-Family Deductible to Date \$1,074.04
2003-Member Coinsurance to Date \$3,797.10 Lifetime Paid: \$34,386.38

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

Adjustment of

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 01-13-2004
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
AHMAD M SHABAN, M.D., INC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 11-07-03 | RADIOLOGY | \$1,700.00 | \$803.06 23 | \$896.94 | \$0.00 |
| | | \$1,700.00 | \$803.06 | \$896.94 | \$0.00 |

- Payment Summary -
Billed : \$1,700.00
Nonallowed : \$803.06
Allowed : \$896.94
Member's Responsibility :
Coinsurance : \$29.43
Previously Paid : \$88.31
Health Net Paid : \$779.20

The member's responsibility is for \$29.43 payable to AHMAD M SHABAN, M.D., INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider \$779.20

2003-Member Deductibl to Date \$1,000.00
2003-Family Deductibl to Date \$1,626.14
2003-Member Coinsuran to Date \$4,000.00 Lifetime Paid: \$44,138.93

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

*** THIS IS NOT A BILL ***

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id : 2001 ---
Process Date : 12-02-2003
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S. FEUER
Patient Name :
DONALD S. FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP C
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 11-09-03 | PROFSERVICE | \$72.00 | \$33.35 23 | \$38.65 | \$0.00 |
| | | \$72.00 | \$33.35 | \$38.65 | \$0.00 |

- Payment Summary -
Billed : \$72.00
Nonallowed : \$33.35
Allowed : \$38.65
Member's Responsibility :
Coinsurance : \$9.66
Health Net Paid : \$28.99

The member's responsibility is for \$9.66 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: ATTENDING IS OFFENBERGER TER MD

Payment(s) Issued To:
Provider 95-2653450 A \$28.99

2003-Member Deductible to Date \$1,000.00
2003-Family Deductible to Date \$1,074.04
2003-Member Coinsurance to Date \$3,603.59 Lifetime Paid: \$33,724.40

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

IPP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

EXPLANATION OF BENEFITS

*** THIS IS NOT A BILL ***

RA Number :
Claim Id :
Process Date : 12-02-2003
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 11-09-03 | PROFSERVICE | \$72.00 | \$33.35 23 | \$38.65 | \$0.00 |
| | | \$72.00 | \$33.35 | \$38.65 | \$0.00 |

- Payment Summary -
Billed : \$72.00
Nonallowed : \$33.35
Allowed : \$38.65
Member's Responsibility :
Coinsurance : \$9.66
Health Net Paid : \$28.99

The member's responsibility is for \$9.66 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Remarks: ATTENDING IS OFFENBERGER TER MD

Hosp. Nov 2003

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
 P.O. BOX 10223
 VAN NUYS, CA 91410-0223
 1-800-839-2172

DONALD S. FEUER
 10 VIA TUNAS
 SAN CLEMENTE, CA 92673-2737

RA Number :
 Claim Id :
 Process Date : 12-09-2003
 Subscriber ID :
 Group Number :
 Subscriber Name :
 DONALD S. FEUER
 Patient Name :
 DONALD S. FEUER
 Provider Name :
 NAVJYOT GUJRAL, M.D.
 Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 11-04-03 | SURGERY | \$706.00 | \$514.82 23 | \$191.18 | \$0.00 |
| 11-04-03 | SURGERY | \$1,322.00 | \$776.72 23 | \$545.28 | \$0.00 |
| 11-05-03 | PROFSERVICE | \$112.00 | \$53.95 23 | \$58.05 | \$0.00 |
| | | \$2,140.00 | \$1,345.49 | \$794.51 | \$0.00 |

- Payment Summary -
 Billed : \$2,140.00
 Nonallowed : \$1,345.49
 Allowed : \$794.51
 Member's Responsibility : \$44.01
 Coinsurance : \$44.01
 Health Net Paid : \$750.50

The member's responsibility is for \$44.01 payable to NAVJYOT GUJRAL, M.D. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment to: \$750.50

2003-Member Deductible Date \$1,000.00
 2003-Family Deductible Date \$1,074.04
 2003-Member Coinsurance to Date \$4,000.00 Lifetime Paid: \$35,601.85

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

IFP/PRO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

RA Number :
Claim Id :
Process Date : 12-09-2003
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 11-10-03 | PROFSERVICE | \$125.00 | \$42.91 23 | \$82.09 | \$0.00 |
| | | \$125.00 | \$42.91 | \$82.09 | \$0.00 |

- Payment Summary -
Billed : \$125.00
Nonallowed : \$42.91
Allowed : \$82.09
Member's Responsibility
Coinsurance : \$20.52
Health Net Paid : \$61.57

The member's responsibility is for \$20.52 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement; non-allowable amount is not the responsibility of the member.

Remarks: ATTENDING IS KARDAN FARAMARZ MD

Payment(s) Issued To:
Provider \$61.57

2003-Member Deductible o Date \$1,000.00
2003-Family Deductible o Date \$1,074.04
2003-Member Coinsurance to Date \$3,864.00 Lifetime Paid: \$34,587.11

*SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

RA Number :
Claim Id : 99-004-
Process Date : 12-09-2003
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
AHMAD M SHABAN, M.D., INC.
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | CO- AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|---------------|
| 11-12-03 | PROFSERVICE | \$200.00 | \$55.28 23 \$56.48 111 | \$88.24 | \$25.00 |
| | | \$200.00 | \$111.76 | \$88.24 | \$25.00 |

- Payment Summary -

Billed : \$200.00
Nonallowed : \$111.76
Allowed : \$88.24
Member's Responsibility
Copayment : \$25.00
Health Net Paid : \$63.24

The member's responsibility is for \$25.00 payable to AHMAD M SHABAN, M.D., INC.. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

- 23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.
- 111 - Coding and billing errors have been corrected; the non-allowable amount is not the responsibility of the member.

Remarks: 99204 changed to 99214.

Pay

vide. \$63.24

2003-Member Deductible to Date \$1,000.00
2003-Family Deductible to Date \$1,074.04
2003-Member Coinsurance to Date \$3,889.00 Lifetime Paid: \$34,650.35

SEE EXPLANATION OF CODES ON REVERSE SIDE





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IPP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

RA Number :
Claim Id :
Process Date : 12-23-2003
Subscriber ID :
Group Number :
Subscriber Name:
DONALD S FEUER
Patient Name :

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

BRISTOL PARK MEDICAL GROUP INC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 11-21-03 | PROFSERVICE | \$84.00 | \$21.67 23 | \$62.33 | \$25.00 |
| | | \$84.00 | \$21.67 | \$62.33 | \$25.00 |

- Payment Summary -

Billed : \$84.00
Nonallowed : \$21.67
Allowed : \$62.33
Member's Responsibility
Copayment : \$25.00
Health Net Paid : \$37.33

The member's responsibility is for \$25.00 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Dr. visit after 3rd hospitalization

Pay

200
200
200

*SEE EXPLANATION OF CODES ON REVERSE SIDE

4018957R191354 POS22344006090





Health Net

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-839-2172

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

RA Number :
Claim Id :
Process Date : 01-13-2004
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 12-04-03 | PROFSERVICE | \$84.00 | \$21.67 23 | \$62.33 | \$25.00 |
| 12-04-03 | SURGERY | \$260.00 | \$68.62 23 | \$191.38 | \$0.00 |
| 12-04-03 | INJECTION | \$10.00 | \$2.50 23 | \$7.50 | \$0.00 |
| | | \$354.00 | \$92.79 | \$261.21 | \$25.00 |

- Payment Summary -

Billed : \$354.00
Nonallowed : \$92.79
Allowed : \$261.21
Member Responsibility :
Deductible : \$191.38
Payment : \$25.00
Health Net Paid : \$44.83

The member's responsibility is for \$216.38 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.

Payment(s) Issued To:
Provider

2003-Member Deductible to Date
2003-Family Deductible to Date
2003-Member Coinsurance to Date

SEE EXPLANATION OF CODES ON REVERSE SIDE

BRISTOL PARK MEDICAL GROUP, INC.
2501 S. PULLMAN ST
SANTA ANA, CA 92705

RETURN SERVICE REQUESTED

FOR BILLING QUESTIONS, CALL: 949-437-9470

| | | |
|--|-----------------------------------|-------------------------------|
| IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW: | | |
| CHECK CARD USING FOR PAYMENT: | | |
| <input type="checkbox"/> MASTERCARD | <input type="checkbox"/> DISCOVER | <input type="checkbox"/> VISA |
| <input type="checkbox"/> AMERICAN EXPRESS | | |
| CARD NUMBER | SIGNATURE CODE | |
| SIGNATURE | EXP. DATE | |
| STATEMENT DATE | PAY THIS AMOUNT | ACCT. # |
| 02/23/04 | 20.52 | |
| PAGE: 1 of 1 | | SHOW AMOUNT PAID HERE \$ |

ADDRESSEE:
DONALD S FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

REMIT TO:
BRISTOL PARK MEDICAL GROUP, INC.
2501 S. PULLMAN ST
SANTA ANA, CA 92705

30853*18ADUWFXU000606

☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

| DATE | RVS CODE | DESCRIPTION | DIAGNOSIS | FIRST NAME | PHYSICIAN | AMOUNT |
|---------------------|----------|--|-----------|------------|-----------|----------|
| 11/10/03 | 99238 | HOSPITAL DISCHARGE DAY | | DONALD S | KARDAN | 125.00 |
| 12/17/03 | | PPO PAYMENT | | | | 104.48CR |
| | | INSURANCE INDICATES REMAINING BALANCE IS PATIENT'S COPAYMENT | | | | |
| | | (J) INV BAL= 20.52) | | | | |
| ===== | | | | | | |
| 3rd hospitalization | | | | | | |

GID GUARANTOR NAME: DONALD S FEUER

BALANCE DUE

20.52

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

PAYMENT IS DUE WITHIN 30 DAYS OF FIRST BILLING FOR CHARGES.

BRISTOL PARK MEDICAL GROUP

| DATE | RVS CODE | DESCRIPTION | DIAGNOSIS FIRST NAME | PHYSICIAN | AMOUNT |
|--|----------|---|----------------------|-----------|----------|
| 07/19/02 | 76705 | ECHO EXAM OF ABDOMEN | 790.4 DONALD S | MORCOS | 180.00 |
| 04/30/03 | | PPO PAYMENT INSURANCE INDICATES BALANCE IS FOR CO-PAY AND DEDUCTIBLE | | | 75.51CR |
| 05/05/03 | | PATIENT PAYMENT/MAIL IN | | | 30.00CR |
| 06/25/03 | | PATIENT PAYMENT/MAIL IN | | | 38.00CR |
| (INVOICE 892395 INV BAL= 36.49) | | | | | |
| 08/01/02 | 99214 | OFFICE/OUTPATIENT VISIT | 780.7 DONALD S | STOECKER | 131.00 |
| 08/01/02 | 36415 | COLLECTION OF BLOOD BY VE | 780.7 DONALD S | STOECKER | 18.00 |
| 09/18/02 | | PPO PAYMENT | | | 115.50CR |
| Continued billing as well as visits by ppo | | | | | |
| 12/27/02 | | PATIENT PAYMENT/MAIL IN | | | 33.50CR |

IRS ID: 95-2653450
GID: 906701

GID GUARANTOR NAME: DONALD S FEUER

BALANCE DUE

353.84

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

PAYMENT IS DUE WITHIN 30 DAYS OF FIRST BILLING FOR CHARGES.



MAKE CHECKS PAYABLE TO:

MVEP MEDICAL GROUP M33
P O BOX 660099
ARCADIA, CA 91066-0099

CREDIT
CARD
CHOICES

CARD NUMBER

SIGNATURE

EXHIBIT

D

PHYSICIAN: GREG LAMPE, MD
OFFICE HOURS: MON-FRI 8:30AM - 4:30PM, P.S.T.
FOR BILLING INQUIRIES CALL TOLL FREE 1-877-346-2455

3/22/04

\$ 98.00

A SERVICE FEE WILL BE CHARGED FOR ANY
CHECK RETURNED FROM THE BANK UNPAID.

AMOUNT PAID

\$

CREDIT CARD PAYMENTS MAY NOT BE ACCEPTED OVER THE PHONE.
PLEASE ENTER YOUR INFORMATION AND SIGNATURE AND RETURN BY MAIL.

ADDRESSEE:

#BXNDRC *** EGO0322A 3-DIGIT 926
#EG02004C10414131# 4000012787 02 0010 0324

DONALD FEUER, SR
10 VIA TUNAS
SAN GEMENTE, CA 92673-2737

MVEP MEDICAL GROUP M33
P O BOX 660099
ARCADIA, CA 91066-0099

REMIT TO:

☐ Please Inform:

x If above address is incorrect or Insurance
changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN WITH YOUR PAYMENT



| ACCOUNT NO. | STATEMENT DATE | PATIENT NAME | TAX ID NO. | PAGE |
|---|----------------|---|----------------|---|
| | 3/22/04 | DONALD FEUER JR | 330729128 | 1 of 1 |
| DATE | EXAM CODE | SERVICE DESCRIPTION | DIAGNOSIS CODE | CHARGE AMOUNT |
| 01/04/04 | 19283 | EMERGENCY PHYSICIAN SERVICE | | \$ 180.00 |
| 01/04/04 | 19054 | SURCHARGE HOLIDAY SERVICES | | \$ 26.00 |
| 01/04/04 | M760-26 | NONINVASIVE PULSE OXIMETRY | | \$ 32.00 |
| 02/13/04 | 113 | INSURANCE CARRIER PAYMENT | | \$ 120.00 |
| | | Total for Claim: | | \$ 98.00 |
| <p>Emergency Room Visit in January of 2004..... After this visit, insurance was canceled by insurance carrier as we could no longer afford to pay the rate increase by the Insurance Carrier which was considerably higher. I was disabled, and unable to afford the considerable debt already incurred as well as the insurance premiums, therefore could no longer maintain treatment.</p> | | | | |
| PLACE OF SERVICE | | MVEP MEDICAL GROUP M33 | | BALANCE DUE |
| 21 - INPATIENT 22 - OUTPATIENT | | 11 - DOCTOR'S OFFICE 12 - EMERGENCY ROOM | | \$ 98.00 |
| PHYSICIAN: | | GREG LAMPE, MD | | EMPLOYER: |
| FOR BILLING INQUIRIES CALL: | | TOLL FREE 1-877-346-2455 | | PRIMARY INSURANCE: HEALTH NET OPTIONS P |
| OFFICE HOURS: | | MON-FRI 8:30AM - 4:30PM, P.S.T. | | SECONDARY INSURANCE: |
| <p>THIS DOCUMENT CONTAINS PROTECTED HEALTH CARE INFORMATION AND IS SUBJECT TO PRIVACY REGULATIONS PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS INFORMATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL DOCUMENT TO US AT THE ADDRESS LISTED BELOW, VIA U.S. POSTAL SERVICE. THANK YOU FOR YOUR COOPERATION. FOR MORE INFORMATION REGARDING YOUR PRIVACY RIGHTS, PLEASE WRITE TO: DIRECTOR OF COMPLIANCE, P.O. BOX 661295, ARCADIA, CALIFORNIA, 91066-1295.</p> | | | | |

ST. JOSEPH
HEALTH SYSTEM

PATIENT'S NAME _____

| | |
|-----------------|----------------|
| DATE OF SERVICE | ACCOUNT NUMBER |
|-----------------|----------------|

IMPORTANT MESSAGE ABOUT YOUR ACCOUNT

304



PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

ST. JOSEPH
HEALTH SYSTEM



Dept LA 21003
Pasadena, CA 91185-1053





Health Net

IEP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-909-3447

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

RA Number :
Claim Id :
Process Date : 02-03-2004
Subscriber ID :
Group Number :
Subscriber Name :
DONALD S FEUER
Patient Name :
DONALD S FEUER
Provider Name :
MISSION VIEJO EMERGENCY MEDICAL
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 01-04-04 | ERPHYSICIAN | \$160.00 | \$0.00 | \$160.00 | \$0.00 |
| 01-04-04 | ERPHYSICIAN | \$26.00 | \$26.00 37 | \$0.00 | \$0.00 |
| 01-04-04 | PATHOLOGY | \$32.00 | \$32.00 49 | \$0.00 | \$0.00 |

\$218.00 \$58.00 \$160.00 \$0.00

| | | |
|-------------------------|----------|--|
| - Payment Summary - | | The member's responsibility is for \$40.00 payable to MISSION VIEJO EMERGENCY MEDICAL. Services were rendered by a Health Net preferred provider. We are glad to be of service to you. |
| Billed | \$218.00 | |
| Nonallowed | \$58.00 | |
| Allowed | \$160.00 | |
| Member's Responsibility | \$40.00 | |
| Coinsurance | \$40.00 | |
| Health Net Paid | \$120.00 | |

Description of Nonallowed Codes/Remarks

- 37 - The allowable amount for this procedure has been adjusted per Health Net coding and billing guidelines. The non-allowable amount is not the responsibility of the member.
- 49 - There is no allowance for this procedure under Health Net coding and billing guidelines. The non-allowable amount is not the responsibility of the member.

Remarks: GREG LAMPE

1-04-04 emergency room

Payment(s) Issued To: \$120.00
Provider

2004-Member Deductible to Date
2004-Family Deductible to Date
2004-Member Coinsurance to Date

*SEE EXPLANATION OF CODES ON REVERSE SIDE



Health Net

IFP/PPO
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-909-3447

DONALD S. FEUER
10 VIA TUNAS
SAN CLEMENTE, CA 92673-2737

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

RA Number :
Claim Id :
Process Date : 04-29-2004
Subscriber ID : 111154
Group Number :
Subscriber Name :
DONALD S. FEUER
Patient Name :
DONALD S. FEUER
Provider Name :
BRISTOL PARK MEDICAL GROUP INC
Provider ID :

| SERVICE DATES FROM/THROUGH | TYPE OF SERVICE | BILLED AMOUNT | NONALLOWED AMOUNT/CODE | ALLOWED AMOUNT | COPAY AMOUNT |
|-------------------------------|--------------------|------------------|---------------------------|-------------------|-----------------|
| 04-17-04 | PROFSERVICE | \$84.00 | \$84.00 3 | \$0.00 | \$0.00 |
| 04-17-04 | RADIOLOGY | \$60.00 | \$60.00 3 | \$0.00 | \$0.00 |
| | | \$144.00 | \$144.00 | \$0.00 | \$0.00 |

- Payment Summary -
Billed : \$144.00
Nonallowed : \$144.00
Allowed : \$0.00
Member's Responsibility :
Non-Covered Chgs : \$144.00

The member's responsibility is for \$144.00 payable to BRISTOL PARK MEDICAL GROUP INC. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed and Denial Codes/Remarks

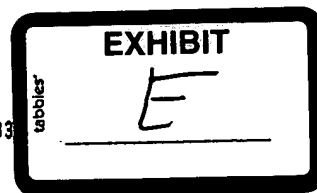
3 - Patient was not eligible at the time of service.
Claim Denied (4500) - Mbrshp terminated prior to date of srvc (SEL 2&3)

2004-Member Deductible to Date
2004-Family Deductible to Date
2004-Member Coinsurance to Date

Lifetime Paid:

SEE EXPLANATION OF CODES ON REVERSE SIDE





Buchalter Nemer Fields & Younger

18400 VON KARMAN AVE., SUITE 800, IRVINE, CALIFORNIA 92612
TELEPHONE (949) 760-1121 / FAX (949) 720-0182

A Professional Law Corporation

File Number: 7709-0010
Direct Dial Number: (949) 224-6246
E-Mail: knsaki@buchalter.com

July 13, 2004

Don Feuer
10 Via Tunas
San Clemente, CA 92673

Re: Revival of Abandoned Patent Application

Dear Don:

As you may recall, my sister Kari Williamson, a partner at Price Waterhouse Coopers, referred you to this firm in connection with the above-referenced matter. Alan Kindred, a shareholder, in our Los Angeles office told me that he spoke with you regarding your patent application (the "Application") and that he concluded that our firm would not be able to assist you with the revival of the Application.

This is to confirm that Alan informed you that: (1) this firm would not be able to represent you in connection with this specific matter as it is outside the firm's areas of practice; and (2) the revival of an abandoned patent application is time sensitive, and you should contact patent counsel who can represent you without delay.

I am sorry that we could not assist you with the Application and hope that we can be of service to you in the future on other matters. To that end, enclosed for your information is our firm's brochure. Please contact me if we can be of any assistance to you in the future. Thank you for your time and consideration.

Very truly yours,

BUCHALTER, NEMER, FIELDS & YOUNGER
A Professional Corporation

By:

A handwritten signature in black ink, appearing to read "Keli N. Osaki".

Keli N. Osaki

Enclosure

cc: Alan Kindred, Esq. (i/o)

From: Bill Nieman [bnieman@kmob.com]
Sent: Thursday, October 07, 2004 7:59 PM
To: 'Don Feuer'
Subject: RE: patent attorney recommendation

I am out of the office the rest of the week. I'll plan to call you next week. Look forward to talking to you. Bill

-----Original Message-----

From: Don Feuer [mailto:dfeuer@cox.net]
Sent: Thursday, October 07, 2004 1:39 PM
To: bnieman@kmob.com
Subject: FW: patent attorney recommendation

-----Original Message-----

From: Don Feuer [mailto:dfeuer@cox.net]
Sent: Thursday, October 07, 2004 1:35 PM
To: bneiman@kmob.com
Subject: patent attorney recommendation

Dear Bill,

You were recommended to me by Mike Hudgens (our pastor at Vineyard) in regards to a patent that I have pending. You may recall that I was the one who had Crohn's disease which basically put me out of commission for quite a while. I was the one who was healed in the hospital.

I developed some voice over ip applications a number of years back, and am looking for an attorney whom I can work with to both get the patent process rolling again (I had discussed this with the patent office), and also to prosecute the patent as well as to file other patents.

Please call me at 949-279-5290 so that we could potentially get together to discuss these areas.

Sincerely,

Don Feuer

"<KMOB.COM>" made the following annotations.

From: Aaron Barker [abarker@kmob.com]
Sent: Thursday, November 04, 2004 2:08 PM
To: dfeuer@cox.net
Cc: Bill Nieman; Amy Perez
Subject: Contact at Patent Office



USPTO
Contacts.pdf

Don,

I look forward to our phone call this afternoon at 4:00.

As you recall, we discussed possibly calling the Patent Office to ask what kind of documentation we would need to provide to revive your application. You gave us with a list of several individuals (see the attached pdf file) at the Patent Office. Is there a particular individual from the attached list that you would like us to contact? It appears that you may have left a message with Shalima Grant. Did this individual ever return your message?

Sincerely,

Aaron D. Barker
Knobbe, Martens, Olson & Bear, LLP
2040 Main Street, 14th Floor
Irvine, California 92614
Main (949) 760-0404
Direct (949) 721-2942
FAX (949) 760-9502
abarker@kmob.com
FEUER.001A

<<USPTO Contacts.pdf>>

"<KMOB.COM>" made the following annotations.

From: Bill Nieman [bnieman@kmob.com]
Sent: Friday, November 05, 2004 5:44 PM
To: dfeuer@cox.net
Subject: Emailing: search_detail.html

Don, one of my partners thought this guy would be a good possibility (I know nothing about him). This same partner was also very complimentary of Ray Hom.

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T.J. Singh

Member

Klein, O'Neill & Singh, LLP

2 Park Plaza, Suite 510

Irvine, California 92614

(Orange Co.)

Telephone: 949-955-1920

Fax: 949-955-1921

Email: [Send an Email](#)

Practice Areas: Intellectual Property

Admitted: 1996, California; registered to practice before U.S. Patent and Trademark Office

Law School: Loyola Law School, J.D., 1996

College: Institute of Technology, B.H.U., India, B.Tech., 1985;
California State University, Long Beach, M.S., 1991

Member: American Intellectual Property Law Association; Orange County Patent Law Association (Director).

Languages: Hindi and Punjabi

Born: Allahabad, India, 1963

ISLN: 913916122

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[martindale.co.il](#)

3/24/2005

From: Bill Nieman [bnieman@kmob.com]
Sent: Friday, November 05, 2004 5:53 PM
To: dfeuer@cox.net
Subject: patent atty
One more name:

Glenn R. Smith
28626 Brookhill Road
Trabuco canyon, Ca 92679

949-709- 7164

I know Glenn personally (nice guy), but have not worked with him. Others speak well of him. He's a solo practitioner (thus, maybe less expensive), an EE, but I think Ray Hom would have the best technical background of those suggested so far. When you decide who you want to start with, let me know and I'll call them to let them know that you'll be calling. Bill

Knobbe, Martens, Olson & Bear, LLP
2040 Main Street, 14th Floor
Irvine, CA 92614
Telephone: 949/760-0404
Fax: 949/760-9502
E-Mail: wnieman@KMOB.com
www.KMOB.com

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=====

From: Aaron Barker [abarker@kmob.com]
Sent: Tuesday, November 16, 2004 4:49 PM
To: 'don feuer'
Cc: Bill Nieman; Amy Perez
Subject: Return of your file

Don,

I understand that you will be having a meeting tomorrow in our building around 2:30 p.m. If you would like, I can return your file to you at that time. Just ask for me at the 14th floor reception area and I will bring you the file.

If this does not work for you, please let me know and we can make other arrangements.

Sincerely,

Aaron D. Barker
Knobbe, Martens, Olson & Bear, LLP
2040 Main Street, 14th Floor
Irvine, California 92614
Main (949) 760-0404
Direct (949) 721-2942
FAX (949) 760-9502
abarker@kmob.com

FEUER.000GEN

"<KMOB.COM>" made the following annotations.

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PRIVILEGED AND CONFIDENTIAL COMMUNICATION

From: Bill Nieman [bnieman@kmob.com]

Sent: Thursday, December 02, 2004 6:00 PM

To: dfeuer@cox.net

Subject: Emailing: attorneys.html

here is the last name I have. As discussed I do not have a basis for recommending him, but you may want to talk to him. Bill



OUR PERSONNEL

ATTORNEYS

PATENT AGENTS

PATENT ENGINEERS

PARALEGAL STAFF

RECRUITING

Robert F. Gazdzinski Managing Partner, Gazdzinski & Associates

Mr. Gazdzinski is registered to practice before the U.S. Patent and Trademark Office, and has been admitted to the State Bars of California, New Jersey, and Pennsylvania. He has also been admitted to United States District Courts for the Southern District of California, District of New Jersey, and Eastern District of Pennsylvania.

Mr. Gazdzinski has a Juris Doctor degree from Rutgers University School of Law, a Master of Business Administration (MBA) from University of San Diego, and a Bachelor of Science in Physics from Drexel University. Mr. Gazdzinski has also completed the Naval Nuclear Power Training program (comparable to a Master's degree in nuclear engineering).

Prior to forming his own firm, Mr. Gazdzinski was associated with the law firm of Knobbe, Martens, Olson and Bear in San Diego, CA for several years. While at Knobbe Martens, Mr. Gazdzinski was responsible for domestic and international patent and trademark prosecution for a number of clients, as well as directing two patent evaluation and acquisition projects relating to a wide spectrum of technologies including asynchronous transfer mode (ATM), IEEE 802.3x, IEEE 1149 JTAG, virtual private networking (VPN), speech recognition, IS-95, IS-54/136, GSM/PCS-1900, CDPD, IEEE 802.11 WLAN, FHSS, ITU H.323, MPEG, and digital signal processing (DSP). Mr. Gazdzinski also negotiated and drafted software licenses for a variety of clients.

Before joining Knobbe Martens, Mr. Gazdzinski was an extern with the New Jersey Corporation for Advanced Technology, a senior nuclear engineer with *Ogden Corporation*, a Naval Officer assigned to nuclear submarines and naval intelligence, and a semiconductor research technician with *IBM Corporation* at Brookhaven National Laboratory. Mr. Gazdzinski also worked as an operations assistant at Peach Bottom Atomic Power Station.

Mr. Gazdzinski is sole inventor on five (5) issued U.S. Patents, and several pending applications. He has also published several works relating to intellectual property and various topics relating to nuclear engineering and electrical/electronics component aging, including SAND-96-0344, which is currently used by the U.S. Nuclear Regulatory Commission as a licensing standard for nuclear plant electrical components (see IEEE-Std. 1205-2000). He is also member of the American Intellectual Property Law Association, American Nuclear Society, and other professional organizations.

From: Bill Nieman [bnieman@kmob.com]
Sent: Tuesday, December 28, 2004 1:04 PM
To: 'Don Feuer'

Subject: RE: Emailing: attorneys.html

sorry, I was out yesterday. are you available tomorrow to have lunch with me and my partner, Jerry Sewell (I mentioned to you that he is leaving the firm)?

From: Don Feuer [mailto:dfeuer@cox.net]
Sent: Monday, December 27, 2004 9:06 AM
To: 'Bill Nieman'
Subject: RE: Emailing: attorneys.html

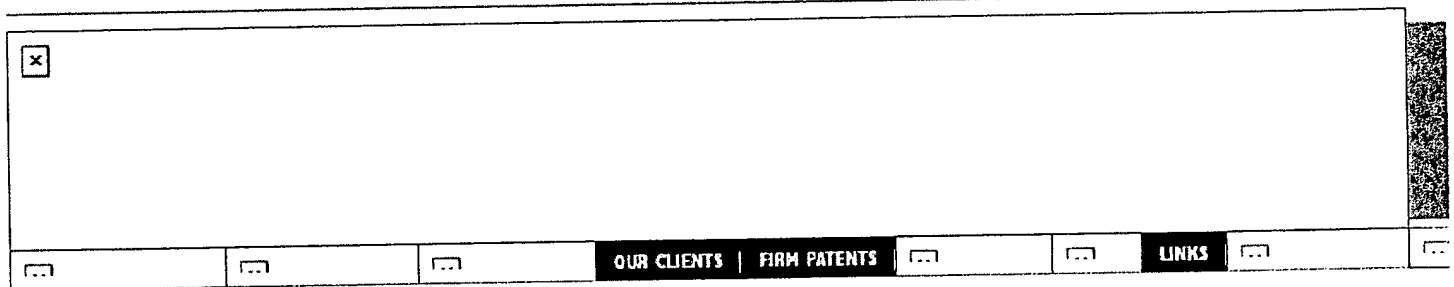
Hey Bill,

Merry Belated Christmas... Would you like to get together today for lunch?

Don

From: Bill Nieman [mailto:bnieman@kmob.com]
Sent: Thursday, December 02, 2004 4:00 PM
To: 'dfeuer@cox.net'
Subject: Emailing: attorneys.html

here is the last name I have. As discussed I do not have a basis for recommending him, but you may want to talk to him. Bill



OUR PERSONNEL

| | |
|--------------------------|---|
| <input type="checkbox"/> | Robert F. Gazdzinski |
| <input type="checkbox"/> | Managing Partner, Gazdzinski & Associates |
| <input type="checkbox"/> | Mr. Gazdzinski is registered to practice before the U.S. Patent and Trademark Office, and has been admitted to the State Bars of California, New Jersey, and Pennsylvania. He has also been admitted to United States District Courts for the Southern District of California, District of New Jersey, and Eastern District of Pennsylvania. |
| <input type="checkbox"/> | Mr. Gazdzinski has a Juris Doctor degree from Rutgers University School of Law, a Master of Business Administration (MBA) from University of San Diego, and a Bachelor of Science in Physics from Drexel University. Mr. Gazdzinski has also completed the Naval Nuclear Power Training program (comparable to a Master's degree in nuclear engineering). |

Prior to forming his own firm, Mr. Gazdzinski was associated with the law firm of Knobbe,

From: Robert Gazdzinski [rob@gazpat.com]
Sent: Monday, December 20, 2004 5:29 PM
To: dfeuer@cox.net
Cc: Carrie DeCoro
Subject: FW: recommendation by Bill Nieman

Dear Don:

Thanks for contacting us regarding this matter. Unfortunately, I think we'll have to decline for two reasons; (i) we are completely overloaded and not taking any new clients for the foreseeable future; and (ii) we have done a good deal of VoIP/SIP/H.323 work for various clients to date, and hence it is quite likely that we'd have a subject matter conflict for handling your application.

I'll try asking around to see if I can't come up with a good recommendation for you; however, everyone I know is also blocked up and not taking new clients.

Sorry I can't be of more help. If you have questions, please advise.

Best regards,
Rob

Robert F. Gazdzinski
Gazdzinski & Associates
Intellectual Property Law
The Promontory
11440 West Bernardo Court, Suite 375
San Diego, CA 92127
(858) 675-1670 - Tel
(858) 675-1674 - Fax
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-----Original Message-----

From: Don Feuer [mailto:dfeuer@cox.net]
Sent: Monday, December 20, 2004 12:27 PM
To: ipdomestic@earthlink.net
Subject: recommendation by Bill Nieman

Dear Mr. Gazdzinski,

Bill Nieman from KMOB requested that I contact you regarding a patent that I have pending regarding voip applications. The firm of KMOB ended up having a conflict of interest whereby they had to drop me as a client.

The patent was filed in early 2000 and due to illness was abandoned with cause, thereby it needs to be reactivated with an attorney whom does not have a conflict in this area.

Could you please give me a call at 949-279-5290 to discuss this further?

Sincerely,

Don Feuer

Knobbe Martens Olson & Bear LLP

Intellectual Property Law

2040 Main Street
Fourteenth Floor
Irvine, CA 92614
Tel 949-760-0404
Fax 949-760-3502
www.kmob.com

Aaron D. Barker
abarker@kmob.com

January 4, 2005
VIA FEDERAL EXPRESS

Donald S. Feuer
10 Via Tunas
San Clemente, CA 92673

Re: Confirmation That We Will NOT Serve as Your Attorney; Return of File
U.S. Patent Application No. 09/479,736
Title: "METHOD AND APPARATUS FOR INTERFACING A PUBLIC SWITCHED
NETWORK AND AN INTERNET PROTOCOL NETWORK FOR MULTI-MEDIA
COMMUNICATION"
Filed: January 7, 2000

Dear Don:

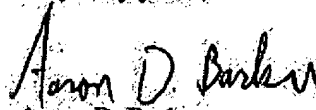
This letter will confirm that the attorneys at the law firm of Knobbe, Martens, Olson & Bear, L.L.P. will not be representing you. As you discussed with William H. Nieman, we will not be serving as your attorneys because of a potential conflict of interest. Accordingly, we will not be performing any legal work for you.

In our past meetings, we may have discussed some of the facts and issues relating to your current legal issues. You should be careful not to consider anything that we said at those meetings to be our professional legal advice. Competent legal advice can be given only with a full understanding of all of the facts and circumstances. It is impossible for us or any attorney to gain that full understanding in the short meetings that we had. For this reason, you should not make any decisions based upon our brief and incomplete discussions. Instead, we strongly encourage you to seek another attorney to advise you in connection with this matter.

As you have not yet found an attorney to whom we should transfer your file for the above-referenced patent application, we are returning your file directly to you. However, your matter may involve deadlines or statutes of limitation which, if not reviewed thoroughly by an attorney and acted upon, will preclude you from obtaining relief. Thus, we encourage you to seek advice from another attorney immediately to ensure that all applicable deadlines or statutes of limitation are met.

Please sign and return the enclosed copy of this letter acknowledging receipt of this file. If you have any questions, please do not hesitate to contact us.

Very truly yours,


Aaron D. Barker

cc: William H. Nieman
Jayna Cartee, U.S. Patent, Trademark & Copyright Specialist

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010305

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619-235-8550

San Francisco
415-954-4114

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310-551-3450

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